



Oxfordshire County Council



ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1962

OXFORDSHIRE COUNTY COUNCIL

ANNUAL REPORTS
OF THE
COUNTY MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

for the year
1962

INDEX

	Page		Page
After-care	16, 17, 18	Nurseries and Child Minders	
Ambulance service	1, 2, 14, 15, 16	Regulations Act, 1948	9
Audiometry	44	Nursing in the home	11, 17
BCG vaccination	14, 43	Occupational therapy	16
Births	5, 6, 8	Poliomyelitis vaccination	1, 14
Blindness, incidence of	29, 36, 43	Populations	5, 6
Cancer	17	Premature infants	8
Chiropody	17, 18	Rural housing	35
Clinics and centres	1, 8, 12	Rural water and sewerage acts	34
Committees	3, 40	School Health Service	38-50
Convalescent treatment	17	Committee and staff	40
Daily minders	9	Statistics, school medical inspection	41, 42
Day nurseries	9	Handicapped pupils	43
Deafness, ascertainment of	9	Medical examinations	44
Deaths	1, 5, 6, 7	Audiometry	44
Dental treatment	9, 48, 49	Speech therapy	45
Diphtheria immunisation	13	Child guidance and School Psychological Service	45, 46
Gas and air analgesia	10	Enuresis	47
Health education	16	School Dental Service	48, 49
Health visiting	11, 12	Physiotherapy clinics	49
Health visitors' training school	12, 13	School swimming baths	50
Home helps	18	Smallpox vaccination	1, 13
Housing	34, 35	Staff	4, 40
Immunisation and vaccination	1, 13, 14	Stillbirths	5
Infant mortality	5, 6	Ten year plan	2, 23, 24, 25, 26, 27, 28
Infectious and other diseases,	31, 32,	Tetanus immunisation	14
Prevalence of and control over	33	Tuberculosis	31, 32, 33
Marie Curie Memorial Foundation	17	Vaccination and immunisation	1, 13, 14
Maternal mortality	5, 9	Venereal diseases	33
Maternal and child welfare	10, 11	Vital statistics	5, 6, 7
Maternity and nursing homes	13	Water supply	34
Medical loan depots	17	Welfare foods, distribution of	9, 10
Mental health services	2, 19, 20, 21, 22	Whooping cough immunisation	13
Midwifery and maternity services	10, 11		
Milk, examination of	36, 37		
Moral welfare	9		



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29943310>

HEALTH DEPARTMENT
PARK END STREET
OXFORD

To the Chairmen and Members of the Health Committee and Education Committee

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1962.

The vital statistics for Oxfordshire compare favourably with similar figures for the country as a whole. The birth rate for the County was 20.3 per thousand population. This is the highest figure since the war, with the exception of 1946 and 1947 when the birth rates were 20.9 and 21.9 respectively. Once again the attention of the public should be drawn to the increasing number of deaths from cancer of the lung. Ten years ago, in 1953, there were forty deaths from the disease. Now, in 1962, the figure has more than doubled, and eighty-eight people died as a result of lung cancer. There can be no doubt that in the future this disease will claim more and more lives, chiefly in middle-aged men, unless there is a change in smoking habits.

With regard to capital projects, progress has been made in the plans for new health clinics in the County. At Henley building has started on the clinic at the new entrance to Townlands Hospital. At Witney discussions are taking place with the medical practitioners and officers of the Hospital Board about the provision of a Health Centre to be financed by the Nuffield Trust. Such a centre should bring about the closest possible integration between the three branches of the health services. At Thame discussions are taking place with the Hospital Board about the possibilities of a joint clinic. Further progress at Banbury must await decisions on its future development.

As in previous years great difficulties have been encountered in providing a full domiciliary nursing service on account of staff shortages. Part-time nursing staff have proved invaluable in meeting urgent needs. The exceptionally heavy snowfalls in the winter made road conditions treacherous, and driving - especially night driving - hazardous. From the tributes received it was clear that, despite the severe weather conditions, nurses and health visitors managed to get round their areas and see their patients. At the end of the year there was the equivalent of six vacancies in the nursing services and five in the health visiting services. The policy of installing telephones in the homes of those health visitors who are not available by phone at clinics will improve liaison with medical practitioners, especially in those cases where urgent help is needed. Much of the time of the health visitors is taken up in finding and supervising home helps. At Banbury the appointment of a part-time home help organiser has been most successful, and has enabled the health visitors to devote more time to their health visiting duties. In July the Council approved the appointment of a health visitor for health education. Her talks on parentcraft and ante-natal care, and the junior mothercraft and preparation courses which she has organised for older school girls, have been much appreciated.

The Minister of Health asked that a special campaign should be undertaken in 1962 to raise the vaccination and immunisation rates. In order to obtain more realistic figures than are available from official returns, a special questionnaire was sent out to all health visitors. The results indicate that in Oxfordshire at least eighty per cent of children are protected by vaccination against poliomyelitis, whooping cough and diphtheria, and at least seventy per cent of children are vaccinated against smallpox. These figures are well above the national averages. Oral poliomyelitis vaccine was made available at the beginning of the year and has been widely accepted.

The ambulance station at Thame, which was completed and in use by October, is a great improvement over the previous garage accommodation. The plans for

the combined ambulance and fire station at Kidlington were approved and building started in November; it is hoped that the station will be ready for use early in 1964. Land is being sought for a station at Chipping Norton; at Witney a central site has been reserved. Three additional driver attendants were engaged in 1962. As with the nurses, ambulance drivers succeeded in carrying out their duties under very difficult road and weather conditions during the winter.

Throughout the year demands have increased on those branches of the health services related to preventing the admission of patients to hospital and in providing care after their discharge. Co-operation with voluntary bodies, as referred to in Ministry Circular 7/62, has been good: for example in the Chipping Norton area the Red Cross have assisted in obtaining suitable home helps for patients.

Early in the year the Ministry asked all local health authorities to prepare plans for their health services for the next ten years. Ten year plans for the hospital services had already been prepared, and further consultations with officers of the Hospital Board took place before the Council's plans were finally presented. Early experience suggests that difficulties in site acquisition may prove one of the major difficulties in keeping to the capital programme; forecasts of future staffing are not likely to be realistic when there is difficulty in recruitment.

There has been steady progress in the field of community mental health work. Extra staff have been appointed to the Banbury and Witney training centres, where the development of industrial out-work has been very successful. The close and friendly relationships with the voluntary bodies and with industrial concerns in the area have been most encouraging, and have contributed greatly to the success of these ventures. The hostel for twelve mentally handicapped children could not be built near the Banbury training centre, as had been hoped, but attempts are being made to buy a suitable property in Banbury for conversion. The plans for the home for elderly patients at Sandford were approved by the Ministry towards the end of the year. A site for a new training centre and adult hostel near Oxford is still being sought.

In December the Minister of Health approved the fluoridation of water supplies by local health authorities under their powers under Section 28 of the National Health Service Act. Such a measure, which has the unanimous support of the County school and clinic doctors, would be of very great value in improving the health of children. It would reduce by more than half the ill health resulting from decayed teeth, and would enable the dental staff to devote more time to preventive work. At the time of writing this subject is being considered by the County health committee and the County district committees.

During the year Dr England retired from his post as consultant chest physician. He had acted as medical officer to the County Council and the Oxfordshire Association for the Prevention of Tuberculosis since his appointment to the staff in 1934, and his services will be greatly missed.

Once again it gives me great pleasure to thank all members of the health staff for the help they have given so willingly in the past year.

I have the honour to be,

Your obedient servant,

M. J. PLEYDELL

County Medical Officer of Health

COMMITTEES AND STAFF

MEMBERS OF HEALTH COMMITTEE

Mr F. Wise, Chairman

Mr R. C. Surman, Vice-Chairman

Council Members

Dame Henrietta Barnett	*Capt. G. E. F. Goring Thomas	The Earl of Macclesfield
Mr F. Barrington Ward	+Mr O. G. Harrison	The Viscountess Parker
Mr F. E. Doble	Mr J. Haskins	Mrs W. D. de Pass
*Mr T. L. Easby	Mrs M. H. Hichens	+Mr R. C. Surman
Mr W. P. Gilkes	Mr C. H. Hughes	Mr R. E. Tarrant
Brig. F. R. L. Goadby	Mrs M. A. Johnson	Mr F. Wise

Co-opted Members

Oxfordshire Nursing Federation Representatives	The Countess of Macclesfield Mrs J. H. Morrell
Area Executive Council Representative	Dr A. R. H. Williamson
Oxford Regional Hospital Board Representative	Sir George Schuster
Oxford University Department of Social Medicine	Dr Alice Stewart

+ Audit Sub-Committee

* Standing Deputies, Audit Sub-Committee

General Purposes Sub-Committee

Mr F. Wise, Chairman	Mrs M. H. Hichens
Mr F. Barrington Ward	Mr C. H. Hughes
Mr T. L. Easby	Lord Macclesfield
Brig. F. R. L. Goadby	The Viscountess Parker
Mr O. G. Harrison	Mr R. C. Surman
	Mr R. E. Tarrant

Domiciliary Services Sub-Committee

Mr R. C. Surman, Chairman	Lady Macclesfield
Dame Henrietta Barnett	Mrs J. H. Morrell
Mr W. P. Gilkes	The Viscountess Parker
Mr T. Haskins	Dr A. Stewart
Mrs M. A. Johnson	Dr A. R. H. Williamson
Lord Macclesfield	Mr F. Wise

Banbury Day Nursery Sub-Committee

Mrs M. A. Johnson, Chairman
Mr W. P. Gilkes
Miss G. S. Bustin (representing Banbury Borough)

STAFF

County Medical Officer of Health	Dr M. J. Pleydell, MC, MD, DPH
Deputy County Medical Officer of Health	Dr J. A. G. Watson, MB, BS, DPH
Senior Assistant County Medical Officer	Dr Dorothy M. H. Roberts, MB, BS, MRCS, LRCP
Assistant County Medical Officer (part-time)	Dr A. J. Campbell, MD, BSc, DPH Barrister-at-law
Medical Officers of Child Welfare Clinics (part-time)	42 General Practitioners
Consultant Chest Physician (part-time)	Dr N. J. England, MD, DPH (resigned 30.9.62)
County Superintendent Nursing Officer) Superintendent of Health Visitors) Non-medical Supervisor of Midwives)	Miss E. Richards, SRN, SCM, MTD, HVCert, QNS
Supervisor of District Nurses (Assistant to County Superintendent Nursing Officer)	Miss A. M. Appleby, SRN, SCM, HVCert, QNS
Deputy Superintendent of Health Visitors	Miss C. E. Henry, SRN, SCM, MTS, HVCert
Health Visitor and Tuberculosis Liaison Officer	Miss D. H. Edwards, SRN, SCM, RFN, HVCert
Health Visitor Tutor	Miss B. Cox, SRN, SCM (Part 1), HVTCert
Health Visitors/School Nurses	36 (including 5 vacancies)
District Nurse/Midwives	62 (including 6 vacancies)
Chief Dental Officer	Mr J. Rodgers, DFM, LDS, RFPS
Dental Officers	Mr J. P. Bolte, LDS (resigned 9.11.62) Mr W. J. Cook, LDS, RCS (part-time) Mr H. L. Davies, LDS, RCS Mr R. L. Davies, LDS, RCS (from 1.2.62) Mr W. P. Jones, LDS (from 15.1.62) Mrs L. Stolarow, DAS
County Housing Officer	Mr H. G. Bartram, MIPHE
Senior Mental Welfare Officer	Mr H. S. Heady
Mental Welfare Officers	Mrs M. A. Collins, DPA (Oxon) Mr D. F. Macintosh, DipPSA Mrs H. M. Watchorne, RMPA Mr R. C. A. Charlett (part-time) Mr A. W. Shepard (part-time) Mr E. B. Holgate (part-time) Mr W. R. H. Beehag (part-time)
Home Teacher for Mentally Subnormal Children	Mrs W. Rawson
Occupational Therapists	Miss B. H. Rostance, MAOT Miss E. D. Stevens, MAOT Mrs J. Aldhouse, MAOT (resigned 16.2.62) Miss A. E. Darrell, MAOT (from 23.4.62)
Administrative Assistant	Mr L. C. Bartram

VITAL STATISTICS

a) General statistics

Area	470, 392 acres
Population (estimated mid-1962) - Total	211, 320
Rateable value for whole County (estimated 1st April 1963)	£6, 846, 581
Estimated product of penny rate for whole County (1962-63)	£10, 316

b) Extracts from vital statistics for the year

<u>B i r t h s</u>	M	F	Total	
Live births	2208	2101	4309	
Live birth rate (per 1000 of estimated population)(national average 18)				20.3 crude 20.3 corrected
Stillbirths	41	24	65	
Stillbirth rate per 1000 total (live and still) births (national average 18.1)				14.8
Total births (live and still)	2249	2125	4374	
Infant deaths	41	38	79	
Infant mortality rate per 1000 live births (national average 20.7)				18.3
Infant mortality rate per 1000 live births		legitimate		18.5
		illegitimate		13.9
Neo-natal mortality rate (first four weeks) per 1000 live births				11.8
Illegitimate births (live and still)			219	
Illegitimate births per cent of total live births				5.
Maternal deaths (including abortion)			nil	
Maternal mortality rate				nil

<u>D e a t h s</u>	M	F	Total	
Total deaths	1109	1052	2161	
Death rate per 1000 of estimated population (national average 11.9)				10.2 crude 10.7 corrected

The main causes of death were:

Heart disease	698
Cancer	364
Cerebral vascular disease	346
Infectious diseases other than tuberculosis	155
Other circulatory diseases	90
Motor vehicle accidents	46
All other accidents	58
Gastro-intestinal diseases	16
Tuberculosis	6

VITAL STATISTICS OF WHOLE COUNTY
DURING 1962 AND PREVIOUS YEARS

Year	Population estimated to middle of each year	BIRTHS		DEATHS				
		Number	Rate per 1000 of population	Under 1 year of age		At all ages		
				Number	Rate per 1000 nett births	Number	Rate per 1000 of population	
1	2	3	4	5	6	7	8	
							Crude	Corrected*
1953	189,000	3,131	16.56	74	23.6	1,680	8.8	8.71
1954	189,600	3,217	16.96	68	21.1	1,773	9.3	9.16
1955	191,500	3,179	16.6	72	22.6	1,934	10.09	10.09
1956	194,800	3,356	17.2	67	19.9	1,873	9.61	10.09
1957	195,070	3,580	18.35	75	20.9	1,766	9.05	9.50
1958	194,000	3,502	18	61	17.4	1,909	9.8	10.09
1959	200,000	3,784	18.9	75	19.8	1,985	9.9	10.3
1960	201,630	4,055	20.1	82	20.2	1,948	9.7	10
1961	205,680	4,074	19.8	80	19.6	2,059	10	10.5
1962	211,320	4,309	20.3	79	18.3	2,161	10.2	10.7

Rural Districts	Population estimated to middle of 1962	NETT BIRTHS			NETT DEATHS				
		Number	Rates per 1000 of population		Under 1 year of age		At all ages		
					Number	Rate per 1000 nett births	Number	Rates per 1000 of population	
			Crude	*Corrected				Crude	*Corrected
Banbury	15,750	258	16.3	18.4	6	23.2	194	12.3	10.9
Bullington	42,910	966	22.5	21.8	16	16.5	407	9.4	10.9
Chipping Norton	16,230	302	18.6	19.7	13	43	189	11.6	11
Henley	22,990	387	16.8	16.6	4	10.3	252	10.9	11.2
Ploughley	30,750	705	22.9	22.9	12	17	220	7.1	10.1
Witney	25,930	523	20.1	20.1	8	15.3	264	10.1	11
Urban Districts									
Banbury	21,410	430	20	19.6	5	11.6	231	10.7	10.1
Bicester	6,240	161	25.8	22.4	3	18.6	36	5.7	7.3
Chipping Norton	4,200	83	19.7	13.5	3	36.1	50	11.9	8.5
Henley	9,270	189	20.3	20.5	4	21.1	136	14.6	10.2
Thame	4,500	107	23.7	22.7	2	18.6	56	12.4	12.9
Witney	9,320	163	17.4	16.1	3	18.4	78	8.3	10.2
Woodstock	1,820	35	19.2	19.3	-	-	48	26.3	10

* A corrected rate having been adjusted for age and sex distribution

TABLE OF CAUSES
OF DEATH 1962

Cause of death		Urban Districts										Rural Districts										Total		Total		Grand total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		under 15					15-25					25-45					45-65											65-75																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F							M	F	M	F	M	F	M	F	M	F																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

PROVISION OF HEALTH SERVICES UNDER
THE NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

1) Clinic buildings

Henley: The plans for the new health clinic in the grounds of Townlands Hospital were approved by the Council and the Ministry of Health. Building started in December and it is hoped that the new clinic, with its access from York Road, will prove much more convenient to the public and will be completed by the autumn.

Banbury: A site for the new clinic has not yet been selected. Further progress is dependent on decisions relating to the future development of the borough.

Witney: Discussions took place between representatives of the medical practitioners at Witney and the Regional Hospital Board regarding the building of a comprehensive Health Centre which would provide accommodation for the three branches of the health services. It is envisaged that the Health Centre will be situated centrally so that comprehensive health services will be readily available to the public.

2) Notification of births

The number of live births notified in the area under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications was:

	Male	Female	Total
Legitimate	2210	2051	4261
Illegitimate	30	29	59
Total	2240	2080	4320

Details of notifications are transmitted promptly to health visitors, in order that they can begin visiting after the tenth day.

3) Premature births

The number of premature births notified, as adjusted by notifications transferred into or out of the area, was:

	In hospital	At home	In private nursing homes	Total
Premature live births	195	23	-	218
Premature still births	37	3	-	40

Table I

Weight at birth	Premature live births												Premature still births		
	Born in hospital			Born at home and nursed entirely at home			Born at home & transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days			
3lb 4oz or less	27	17	7	-	-	-	-	-	-	-	-	-	19	2	-
3lb 5oz to 4lb 6oz	38	2	34	1	-	-	-	-	-	-	-	-	9	1	-
4lb 7oz to 4 lb 15oz	39	1	38	-	-	-	1	-	1	-	-	-	4	-	-
5lb to 5lb 8oz	91	2	87	20	-	19	1	-	1	-	-	-	5	-	-
Totals	195	22	166	21	-	19	2	-	2	-	-	-	37	3	-

Total survival rate = 85 per cent

4) Ophthalmia neonatorum and puerperal pyrexia

Two cases of ophthalmia neonatorum and two cases of puerperal pyrexia were notified.

5) Deaths ascribed to pregnancy or childbirth

No deaths occurred in 1962.

6) Ante-natal care

During 1962 classes for health education and mothercraft for expectant mothers were held at Henley, Carterton and Berinsfield.

The appointment of a special health visitor for health education purposes has greatly helped in the development of this important work. Clinical care is provided by medical practitioners, domiciliary midwives and the hospital services.

7) Maternity accommodation

The booking of cases on social grounds is undertaken by the local authority in conjunction with the medical practitioner concerned.

8) Care of unmarried mothers

A close liaison exists between the County Health Department, the North and Mid-Oxon Association for Moral Welfare, and the South Oxfordshire Moral Welfare Association. The grant to the Diocesan Council was increased from £565 to £800 in 1962 for the work undertaken by them on behalf of the County Council. During 1962 financial assistance was provided for 23 persons accommodated in mother and baby homes.

9) Dental care

Mr J. Rodgers, the Chief Dental Officer, has contributed the following:

"More dental treatment was carried out for expectant and nursing mothers and pre-school children than in the previous years. This service depends on the amount of time dental officers spend in our fixed clinics, and it is reasonable to hope for further expansion in the future.

The eighteen expectant and nursing mothers treated during the year received eight dentures, 44 fillings, 33 extractions and eleven scalings. Eighty-seven children under five years were examined and 73 received treatment. Forty of these had 77 teeth removed under general anaesthetic. Twenty-four fillings were carried out, and there were 43 silver nitrate treatments."

10) Ascertainment of deafness in young children

The arrangement, whereby 'observation' babies are referred to hospital for consultant opinion to exclude deafness, worked smoothly throughout the year.

11) Day nurseries

The Banbury nursery, with 35 places, was open throughout the year and the average sessional attendance was thirteen, the same as for 1961.

12) Nurseries and Child Minders Regulation Act, 1948

During 1962 seventeen registrations were made: eleven were for child minders and six were for nurseries.

13) Distribution of welfare foods

Welfare foods were distributed from 102 distribution centres in the County. In Banbury welfare foods are sold from the Banbury Clinic on two whole days and two half days of the week.

I should like to express my appreciation and thanks to all voluntary helpers for the valuable work they are undertaking in storing and distributing welfare foods, often from their own homes at personal inconvenience.

During the year the following items were distributed:

53,002 tins National Dried Milk
43,588 bottles of orange juice
3,743 bottles of cod liver oil
4,852 packets of vitamin tablets

The decline in sales of welfare foods over the past eight years is illustrated in the following table. As can be seen, the decline in sales of cod liver oil, orange juice, and vitamin preparations are associated with the alterations in the charges made for them. Welfare foods are, however, available free of charge to persons in receipt of national assistance. Many mothers seem to prefer proprietary preparations which are readily available.

	Tins NDM	Bottles CLO	Packets A & D vitamins	Bottles orange juice
1955	78209	21807	6216	109858
1956	77942	19367	6941	119783
1957+	66620	16588	7502	128150
1958	53353	11093	7309	85195
1959	51859	10404	7732	89061
1960	51144	10733	8871	90648
1961	52243	7156*	7139*	61461*
1962	53002	3743	4 852	43588

+ On the 6th April 1957 the price of national dried milk was increased from 10½d to 2/4d per tin.
* On the 1st June 1961 the price of a bottle of orange juice was raised from 5d to 1/6d per bottle. Bottles of cod liver oil, and packets of vitamin A and D tablets, which formerly had been free, cost 1s and 6d respectively.

MIDWIFERY AND HOME NURSING (SECTIONS 23 and 25)

The pattern of work carried out under these sections of the Act has altered very little. There is now great emphasis laid on the home care of the elderly, the chronic sick, and the disabled, and this is reflected in an increased number of visits paid to persons aged 65 years and over, and also in the greater number of persons who have had more than 24 visits paid to them during the year.

In the midwifery work nursing visits have increased by 2000, due largely to the early discharge of patients from the maternity departments. There were also more domiciliary confinements.

The following staff were in post on 31st December:

Full-time district nurse/midwives	48
Full-time general nurses	1
Part-time district nurse/midwives	7
Part-time general nurses	4

This gives an equivalent of 55 full-time nurse/midwives out of an establishment of 62.

Two nurses retired after many years of service and it has not been possible to recruit staff to take their places. We are fortunate in being able to get married staff who are willing to give up some days each week to help with nursing care.

Five nurses were given district training and are now serving in the County; one student will complete her training in April. Student nurses have been given an insight into domiciliary work and fifteen pupil midwives received three months' training in this authority in preparation for Part II examination of the Central Midwives' Board. We are grateful to those of our staff who take a great deal of trouble to teach their younger colleagues.

One hundred and eight midwives notified their intention to practise. Seven of our own staff attended midwifery refresher courses in accordance with Rule G.1 of the Central Midwives' Board. 992 patients delivered by domiciliary midwives were given gas and air analgesia and 60 were given trilene analgesia.

The following tables show the number of cases attended by district nurse/ midwives during the year:

Table II

New cases				Cases delivered in institutions attended on discharge & before the 14th day	Total visits	Medical aid summoned		Ante-natal visits	Post-natal visits
Doctor not booked		Doctor booked				Dr. en-gaged	Dr. not en-gaged		
Dr. at del.	Dr. not at del.	Dr. at del.	Dr. not at del.						
1	9	183	752	886	24651	285	-	10786	453

Table III HOME NURSING

1	2 Medical	3 Surgical	4 Infectious diseases	5 Tuberculosis	6 Maternal complications	7 Others	8 Totals	9 Patients included in 2-7 who were over 65 at time of first visit during the year	10 Children included in 2-7 who were under 5 at time of first visit	11 Patients included in 2-7 who have had more than 24 visits in year
Number of cases attended during the year	3035	693	5	44	100		3877	2035	204	856
Number of visits paid during the year	65972	13410	42	3204	611	3493	86732	51616	1365	54655

The County Nursing Officer and her assistant have made the following visits:

Routine visits of inspection	126
Contact visits	53
Other visits	81

HEALTH VISITING (SECTION 24)

Health visitors have again maintained a high standard of work, and although there has been a shortage of staff the total number of visits made has not decreased. The early age at which so many young people marry means that a great deal of time is spent advising teen-age mothers on the care of young children, prevention of illness, and general management of the home.

Elderly people have been visited and very often put in touch with a "friendly visitor" acting on behalf of a voluntary society. In addition 4646 visits were paid in respect of the Home Help Service. 49513 visits were made to babies and children under five years. In Banbury the provision of a home help organizer has been most successful and enabled health visitors to carry out their advisory role with problem families and young children. Elsewhere the work in respect of home helps is increasing all the time with the ageing population.

There has been the usual help with the training of students from the Health Visitors Training School, and general student nurses have been taken on observation visits.

Staff at December 31st was as follows:

Full-time health visitors	31
SRN assistant	1

There was a total of 31 staff out of an establishment of 36. Two students in training at present will join the staff at the end of March.

Visits made by the staff are shown below:

Table IV

Number of children under 5 visited during the year	Expectant mothers		Children under 1 year of age		Children aged 1 and under 2 years	Children aged 2 but under 5 years	Tuber- culous house- holds	Other cases	Total num- ber of families or households visited by health visitors
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
19860	471	1103	4248	22829	11125	15559	2101	20227	17899
'No access' visits (not included in figures above)		187		2519	1166	1347	440	1415	

Child welfare clinics

In a rural county like Oxfordshire with scattered populations the policy has been adopted of providing child welfare clinics for relatively small groups of mothers. These clinics are greatly valued by mothers living under isolated conditions and form useful centres for providing health education and vaccination.

Table V

Number of clinics held in County Council premises (Banbury, Bicester, Henley, Thame and Witney)	5
Number of clinics held in suitable local premises (e.g. village halls, church halls)	69
Clinics opened during the year	-
Clinics closed during the year	-

List of clinics

Adderbury	Deddington	Kidlington	Sandhills
Ambrosden	Enstone	(Church Hall)	Shilton
Ascott-under-Wychwood	Ewelme	Kidlington	Sonning Common
Bampton	Eynsham	(Foresters Hall)	Stadhampton
Banbury	Filkins	Kingham	Standlake
Benson RAF	Finstock	Kirtlington	Stanton Harcourt
Benson Village	Forest Hill	Leafield	Stonesfield
Berinsfield	Fritwell	Littlemore	Swalcliffe
Bicester	Garsington	Lower Heyford	Tackley
Bletchington	Goring	Mapledurham	Tetsworth
Bloxham	Great Milton	Middle Barton	Thame
Bunker's Hill	Great Tew	Milton-under-Wychwood	Warborough
Burford	Hanborough	Minster Lovell	Watlington
Carterton	Henley-on-Thames	Nettlebed	Wheatley
Chadlington	Hethe	Northleigh	Witney (Methodist Church Hall)
Charlbury	Hook Norton	Old Marston	Witney (Windrush Valley Estate)
Checkendon	Horspath	Peppard	Woodcote
Chinnor	Islip	Rose Hill	Woodstock
Chipping Norton			Wroxton
Clifton Hampden			

Health Visitors' Training School - 1961/62 course

Thirty students attended the training school at Headington. Twenty-three were successful at the first attempt and six at the second in obtaining the Health Visitor's Certificate.

There were two independent students and 28 were sponsored as follows:

Royal County of Berkshire	5	Northampton CB Council	1
East Sussex County Nursing Association	3	Northamptonshire County Council	2
Herefordshire County Council	1	Oxford City	6
Hertfordshire County Council	2	City of Plymouth	3
Isle of Ely County Nursing Association	1	Somerset County Council	3
		Oxfordshire County Council	1

Supervision of maternity and nursing homes
(under the Public Health Act, 1936)

The following homes are on the register:

1. 'Madora', 72 Oxford Road, Banbury	General	(3 beds)
2. Tracey House, 42 Broughton Road, Banbury	General	(13 beds)
3. The Teng Singh Nursing Home, North Aston	General	(3 beds)
4. St Andrew's Nursing Home, St Andrew's Road, Henley-on-Thames	General	(8 beds)
5. Thames Bank Nursing Home, Goring-on-Thames	General	(28 beds)
6. Buddleia Nursing Home, Witney	Maternity	(2 beds)

VACCINATION AND IMMUNISATION (SECTION 26)

In Circular 17/62 the Ministry of Health asked local authorities to ensure that, with the collaboration of practitioners, they had arrangements planned to raise and maintain at a high level the standards of immunity. The immunisation and vaccination figures given in previous reports have been based on notification records from practitioners and clinics. Since there is no obligation to send in these records, they obviously represent only a proportion of the total numbers. Accordingly an enquiry was sent out to all health visitors asking for the same information based on their records. Unfortunately, it was impossible to obtain complete returns but the replies indicate that at least 70 per cent of children are vaccinated against smallpox, and at least 80 per cent are protected against the other serious infections by vaccination and immunisation.

Copies of the Minister's speech asking for a campaign to raise the immunisation figures were circulated to clinic doctors and health visitors, and the subject was discussed at staff meetings. Posters, leaflets and health education material were displayed prominently at clinics throughout the County, and special efforts were made by health visitors where families were living in isolated areas or where standards of living were poor.

a) Vaccination against smallpox

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during the year 1962.

Under 1		1		2 to 4		5 to 14		15 and over		Total	
Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc
2658	-	81	-	1087	137	3877	3922	5513	9473	13216	13532

b) Diphtheria and whooping cough immunisation

Details of children immunised against diphtheria and whooping cough by the end of the year are shown as follows:

	Under 1		1		2		3		4		5 to 14		15 & over		Total	
	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster
Diphtheria	1154	-	1621	13	108	46	28	7	41	83	236	2010	-	-	3188	2159
Whooping cough	1153	-	1618	12	102	46	23	7	36	-	128	-	-	-	3060	65

c) Tetanus immunisation

The number of persons immunised against tetanus by the end of the year is shown as follows:

Under 1	1 to 4	5 & over	Total
Primary	Primary	Primary	Primary
2680	294	1030	4004

d) Poliomyelitis vaccination

In February 1962 the Ministry of Health made oral vaccine available to local health authorities for use in the routine vaccination of persons eligible under their approved arrangements.

In view of the advantages for the oral vaccine - more effective and longer protection, localised immunity in the bowel which will prevent the spread of dangerous poliomyelitis virus, and ease of administration - supplies were made available to doctors and at infant welfare clinics. The public accepted the vaccine, and it has now largely replaced the killed vaccine which has to be given by injection.

By the 31st December 1962, 82,698 people had registered for vaccination against poliomyelitis. Of this number, approximately 18,744 children aged 5 to 11 years had completed the course of four vaccinations; 61,947 had received three vaccinations; approximately 1515 had received two vaccinations; 255 had received one vaccination; 237 were awaiting vaccination. This last figure represents the number who had recently registered and are awaiting appointments for vaccination plus the number of people who have failed to keep their appointments.

e) BCG vaccination

1) Schools

	Eli- gible	Con- sents	Con- sent rate	Absent from skin test	Skin tested	Absent from reading	Posi- tives	Positive reactor rate	Negative and vaccinated
Grammar and secondary schools	2766	2525	85%	80	2445	97	378	15%	1970
Private schools	534	502	94%	-	502	8	98	20%	394*
Total	3300	3027	92%	80	2947	105	476	18%	2364
Teachers training college	29	29	100%	-	29	-	15	52%	14

* 2 children requested skin tests but refused vaccination

These figures are for the school year September 1961 - July 1962. They represent an entire school year's work. They will not correspond to a calendar year's work - e.g. a school may be visited twice in one calendar year and not at all in the next.

2) Contacts

BCG vaccination was given to 527 Oxfordshire County contacts at clinics held at the Churchill Hospital, Horton General Hospital, Banbury and Chipping Norton War Memorial Hospital, and 40 Oxfordshire County contacts at Reading and Henley chest clinics.

AMBULANCE SERVICE (SECTION 27)

Administration

One additional ambulance control room officer was appointed early in the year to relieve the pressure of work in the control room. It is unfortunate that owing to sickness and holidays, combined with the extra demands upon the service, little

benefit has been experienced. The organisation and methods team commenced their survey at the beginning of October and their report and recommendations are awaited.

Stations

The new ambulance station at Thame was completed and taken over on 1st October. This station has accommodation for two ambulances, a crew room and stores. Work started during the latter part of the year on the new station which is being built in conjunction with the fire service headquarters at Kidlington and should be completed by the end of 1963.

Staff

Three additional driver attendants were engaged during the year. It is obvious that more are required. The service has reached the point of saturation and each section is fully extended. One of these additional drivers was engaged at Henley in order that the station could be manned twelve hours per day seven days per week and so reduce the number of "call outs" and the hours of standby the men were required to do previously.

Vehicles

Two large ambulances were ordered during the year under the annual replacement scheme. Since 1955 the design has incorporated a sliding door in the bulk head so as to provide access between the driver's and patients' compartments. This extra access complies with the Ministry of Health Circular 16/62 on Safety Precautions, saving the expense of modifications to existing vehicles.

During the year two nurses' cars were transferred to the ambulance service and were stationed at Banbury and Henley. These vehicles are most useful when transport is required for a patient living in an area which cannot easily be fitted in with other demands.

Radios

As a result of the Post Office requirements that services operating on a 50 k/c's band width must change to a 25 k/c's band width by 1964, surveys have been undertaken in the County using apparatus from different manufacturers. Frequency modulation was found to be much more efficient than amplitude modulation and the installation was carried out by Storno-Southern Ltd. The main stations at Oxford and Banbury operate from the ambulance depots; the Henley station operates from the Joyce Grove Convalescent Home, Nettlebed. The new system has been found to be a great improvement at the Oxford and Henley stations, but some interference is being experienced at Banbury. There are now links between the Oxford and Henley transmitters and the Oxford and Banbury transmitters, which have proved of great value when the stations are unmanned after the last ambulance has been called out. The link from the Oxford station to the Radcliffe Infirmary has also been of value, especially in giving the hospital staff details of the patients who are being brought in following an accident or other emergency, and the type of equipment and treatment which is likely to be needed.

Location of stations and establishment

The establishment and location of the stations is as follows:

<u>Full-time stations</u>	Number of vehicles		Cars	Full-time staff establishment
Location	Ambulances	Light dual-purpose vehicles		
Banbury	2	2	1	13
Bicester	1	1	1	3
Chipping Norton	1			2
Crowmarsh	1			2
Henley	1	2		5
Kidlington		1		2
Thame	1			2
Witney	1	2		6
<u>Part-time stations</u>				
Woodstock		1		5 part-time
Wychwood		1		6 " "

Patients carried and the mileage travelled

The number of patients carried in 1962 reached a record number of 108,215, an increase over the previous year of 14,854. It is interesting to note that the mentally handicapped, the partially deaf and the school clinics account for 11,688 of this increase. Tables 1 and 2 give details of patients carried and the mileage travelled during the past five years whilst tables 3 and 4 show a three-year comparison of mentally handicapped persons and schoolchildren and the mileage involved.

	Year	HCS	Taxi	Ambulance	IDH	Total	Oxford City	Gross total
Table 1 Patients	1958	32,082	4,934	23,355	837	61,208	2,390	63,598
	1959	35,733	5,693	24,699	684	66,809	2,066	68,875
	1960	37,601	6,609	28,012	-	78,222	2,454	74,676
	1961	43,228	16,134	31,074	-	90,436	2,925	93,361
	1962	44,441	26,656	34,057	-	105,154	3,061	108,215
Table 2 Mileage	1958	376,624	51,039	257,922	5,652	691,237	19,035	710,272
	1959	411,340	56,912	282,462	4,907	755,621	16,485	772,106
	1960	446,833	67,725	313,262	-	827,820	17,309	845,129
	1961	498,618	147,252	321,914	-	967,784	18,072	985,856
	1962	503,137	197,742	346,481	-	1,047,360	19,022	1,066,382

	Year	HCS	Taxi	Gross	
Table 3	1960	5,203	4,213	9,416	Schoolchildren and mentally handicapped included in Table 1
	1961	7,908	9,094	17,002	
	1962	9,611	19,079	28,690	
Table 4	1960	46,606	33,167	79,773	Mileage involved for schoolchildren and mentally handicapped
	1961	58,663	67,463	126,126	
	1962	67,925	114,350	182,275	

PREVENTION OF ILLNESS, CARE AND AFTERCARE (SECTION 28)

Health education

The Committee approved the appointment of a health visitor for health education work in the County and for relief work. Mothercraft classes, which include education and special exercises, have been set up at different centres, thus meeting the recommendations in the report of the Committee on the Maternity Services and in the Ministry Circular 21/59.

Occupational therapy

The number of patients visited during the year was 188, in addition to 23 at the Shillingford Homes. Fifty-eight new patients were referred, and 2904 home visits made.

At Witney 40 sessions of the work group were held from August onwards, these being for the whole day. A new group has been formed at Bicester where ten half-day sessions have been held. Eleven patients were referred specifically for group activities, and it is therefore hoped to begin classes at Henley and Banbury in the near future.

The section has been fully staffed since the end of April, when Miss Darrell took up her appointment, and the strength of the establishment was further increased by regrading the personnel from 1 Head and 2 Assistants to 3 Senior Occupational Therapists. Apart from making it possible to keep a full complement of staff, the extra experience and qualification has led to an improved service to all parts of the County, and has resulted directly in an increase in the demands made on the department, and on the output of work from it.

In spite of the fact that the figures from sales at the City Retail Shop again show an increase on last year's (£526 from April to December as against £470 in the corresponding period), the amount of factory outwork also expanded and earnings from four factories were £78 11s 11d in this period.

Several County Council departments have purchased supplies made by the patients, including lampshades for the Children's Department, enuresis apparatus for the Health Department (also for general practitioners and Northamptonshire County Council), loose-leaf files for the Treasurer's Department, and ante-natal bags and other specialised equipment for the Health Department.

Many patients have been referred for help in regard to overcoming disabilities which hinder their daily activities. Thirteen patients were referred for this, and advice has been given both as to the method of carrying out the processes of dressing, cooking, etc. Where necessary, the appropriate aids and gadgets have been obtained.

A new venture has been the magazine, which is now in its fourth issue. This has proved very popular, and a feature has been the pleasure derived from the correspondence, which has provided further contacts for several people otherwise rather isolated.

Marie Curie Memorial Foundation

The County Nursing Officer has continued to draw on the funds made available by the Foundation, and during the year £46 has been spent on persons in need.

Medical loan depots

The British Red Cross Society have continued to provide articles on loan from their medical loan depots in various parts of the County. Some articles are loaned free, while a small charge is made for others. During 1962, 452 articles were loaned for County patients.

Nursing equipment

The demands on the service increase each year. Doctors who have requested hoists for their patients have been very impressed with their usefulness. More than one doctor has remarked that without this help the patient would have to be admitted to hospital.

Convalescent treatment

On the recommendation of medical practitioners, 16 men, 44 women and 3 children were sent to various convalescent homes, mainly at resorts on the south coast. In addition, two fit children accompanied their mothers to convalescent homes. Over 50 per cent of the adults for whom arrangements were made were over the age of sixty.

Contributions towards the cost of convalescence were assessed in accordance with the scale approved by the County Council.

Chiropody

Directly provided service

Chiropody sessions are held twice a week at Banbury and once a week at Henley Clinic.

Service provided by voluntary organisations

Chiropody clinics have continued to increase in the County. A grant of £1000 was made available to the British Red Cross Society for the clinics they provide at the following villages:

Begbroke, Bicester, Clanfield, Old Marston, Sonning Common, Woodcote, South Stoke, Burford, Goring, Wheatley, Bampton, Standlake, Kidlington, Hailey, Chipping Norton, Shiplake, Filkins, Thame.

A grant of £450 was made to the Oxfordshire Association for the Care of Old People for the clinics at:

Benson, Carterton, Charlbury, Chinnor, Dorchester, Deddington, Ewelme, Eynsham, Forest Hill, Kingham, Littlemore, Long Hanborough, Leafield, Milton, Northleigh, Wootton, Woodstock, Clifton Hampden.

A grant of £75 was made to the Women's Voluntary Service for the chiropody clinic which is held once a month at Banbury.

HOME HELP SERVICE (SECTION 29)

The appointment of a part-time home help organiser at Banbury has proved an unqualified success. She has relieved the health visitors by finding suitable persons to act as helps, by making sure the patients' needs are being met, and by recovering outstanding debts. These duties do not need to be undertaken by a qualified health visitor and in fact may hinder her in her advisory work. The time saved has meant that health visitors in Banbury can devote their time to their health work and so give a more efficient service.

In 1962 the cases for whom help was provided can be shown as follows:

Chronic sick, aged and infirm	596
Maternity cases	33
Persons suffering from tuberculosis	2
Others	51

MENTAL HEALTH

The statistical tables appended indicate the increasing pressure of work in the field of mental health.

Mental illness

Tables I, II and V

The emphasis of the work with the mentally ill has been in fostering and increasing the close links with the mental hospitals. The majority of County patients are treated at Littlemore Hospital, and here the Mental Welfare Officers are spending more time at case conferences, and in discussions with the hospital staff about patients who they will visit after discharge. The amount of social work passed to them from the hospital staff has increased a little, but the amount of time required to be spent on each patient has increased very greatly.

Social clubs

Social clubs for ex-patients are widely recognised as a valuable means of assisting with the resettlement of the mentally disordered in the community. Two such clubs are organised by the Littlemore Hospital staff in Oxford. The problem of transport to and from these clubs for patients in country areas is a limiting factor in their use. The Physician Superintendent has asked for help in overcoming this problem. It would seem, therefore, that in 1963 the County will either have to give some assistance in facilitating transport arrangements, or in providing social clubs in various parts of the County.

Table I HOSPITAL ADMISSIONS (MENTAL ILLNESS)

Method of admission	1956	1957	1958	1959	1960	1961	1962
Certified	45	27	37	19	2 } 1.1.60	-	-
Vol. & temp.	223	268	341	235	3 } to	-	-
Observation	15	121	105	165	54 } 31.10.60		
Informal				54	193	3 15	273
Section 29 (emergency)					9 } 1.11.60	62 }	56 }
Section 25 (observation)					5 } to	13 }	27 }
Section 26 (treatment)					- } 31.12.60	84 }	90 }
						9 }	7 }
	283	416	483	473	266	399	363

Table II SOCIAL WORK (MENTAL ILLNESS AND SUBNORMALITY)

	Supervisory visits	Special reports	Psychiatric invst. no action required	After-care visits	Misc. visits employment, etc.	Total visits
1959	995	127	2	77	3 20	1521
1960	898	122	1	355	567	1943
1961	1023	52	4 8	758	805	2686
1962	992	10	12	1105	965	3084

Mental subnormality (including severe subnormality)

The number of subnormal and severely subnormal persons "known" to the authority continues to increase. This increase is due to a number of factors including:

- a) increasing population,
- b) earlier knowledge of the very young subnormal or severely subnormal person,
- c) improved facilities for helping the subnormal and severely subnormal which encourage parents to approach the authority for help.

The training centre provisions have continued as previously, but by the end of 1962 the Council's centres at Banbury and Witney were full. The opening of the proposed "East Oxon" Centre is eagerly awaited. This will afford relief to Witney and Banbury and enable these centres to admit patients requiring their care for whom there are no vacancies at the moment. It will also enable the Council to withdraw its patients from the Oxford City Centre, which has its own problems of overcrowding. In addition, there are many patients in the Mid-Oxon region, not at present provided for, who will benefit.

The Borocourt Day Hospital continues to provide for the south of the County. This cannot be regarded as an entirely satisfactory provision, although it does meet the need for the moment. In the Council's Ten Year Plan, a new "South Oxon" Centre is proposed.

A tribute must be paid to the generosity, help and support given to the work of the training centres by individuals and voluntary societies. The gifts received have been reported individually to the Health Committee and acknowledgments sent to the donors. However, the appreciation of staff and trainees must be set on record here.

As in the previous year, the close and extremely helpful co-operation of the Banbury Mentally Handicapped Children's Society has been very apparent. The Society have used the Centre premises for socials and their Annual General Meeting.

The greatest progress in the Mental Health Service in 1962 has been made in the field of Sheltered Employment. There are now some fifty to sixty persons employed in the Council's Sheltered Workshops. They turn over something approaching £100 of work in a month. The benefit of this service to individuals is very great, and far exceeds the financial gain. The changed attitude to life, the increased morale of the patient, and the sense of purpose endowed is beyond expectation. There is no doubt that this valuable service will continue to expand and increase its usefulness to the mentally handicapped and to industry.

The Health Committee have considered the development of this service in some detail. They have approved the setting up of an Area Advisory Committee on Sheltered Employment, jointly with the Oxford City Health Committee, the Littlemore Hospital Management Committee, and representatives of the trade unions and of the employers. They have further agreed to the employment of a "Supervisor of Workshops" whose task it will be to develop and administer the service, and have agreed in principle to close collaboration with other authorities providing similar services. It would appear that there is a considerable future in this field.

It is generally agreed that the best environment for any child - normal or subnormal - is in his own home. Hospital care is only indicated when the particular skills of the hospital staff are required, i.e. for assessment, investigation, and treatment. When this is not required, and it is not possible for the child to be in his own home, then conditions as near as possible to the ideal should be sought. In this respect there are two possibilities:

1. Local Authority Hostels, where small numbers of such children can be cared for as a family. It is hoped that such a hostel will be provided by this authority in Banbury. This provision is not appreciably more economical than hospital provision.
2. By fostering in private homes. This is nearer to the ideal than hostel care, as the child has fewer other children to compete with for the affection of the foster parents. It is a considerably more economical method of care than any other as well as being more satisfactory. Where applicable and when the local health

authority does not need complete control over the child, it is preferable for the placement to be an informal one. When the placement is informal, the relatives can be assessed to pay a part or the whole of the cost of fostering according to their means. This is a good thing, as the aspect of "parents" or "relatives" responsibility for the child is maintained. When control of the child's circumstances are necessary, then the child can be placed under the guardianship either of the foster parents or of the local health authority.

During 1962 a number of children have been placed in foster homes - either for short or long periods. There is no doubt that this has been very successful, and efforts are being made to find more foster homes.

The annual training centres' holiday at Bognor was, once again, a great success. Two parties of twenty trainees over the age of ten, each party in the charge of five members of staff, thoroughly enjoyed their week's holiday. A very entertaining film record of this holiday was made, and has been shown to trainees, their parents, and many other interested persons.

Table III MENTAL SUBNORMALITY

	Informal supervision	Guardianship	Hospital	Total
Number of patients known to LHA 31.12.61	378	12	279	669
Number of patients known to LHA 31.12.62	401	15	280	696

Table IV HOSPITAL ADMISSIONS AND DISCHARGES (MENTAL SUBNORMALITY)

1. Number of Oxfordshire patients in hospital 31.12.61	279
2. Admitted to hospital during the year: detained on sections informal admissions long term informal admissions short term	<div>1 18 13</div> } 32
3. Number discharged, or died, during the year	31
4. Number in hospital 31.12.62	280

Table V GUARDIANSHIP

	Under 16	Over 16	Total
Mentally ill 1.1.62 - 31.12.62	0	0	0
Subnormal & severely subnormal 1.1.62 - 31.12.62	2	13	15

Table VI TRAINING CENTRES AS ON 31.12.62

	Under 16		Over 16		Total
	M	F	M	F	
1. Witney	13	9	11	11	44
2. Banbury ***	21	9	13	11	54
3. Borocourt Day Hospital	5	6	8	4	23
4. Oxford City	5	-	3	1	9
5. Brighton **			1	1	2
6. Spastic Centre	2	3	-	3	8
Total	46	27	36	31	140

Number receiving home teaching during the year: 6

** These are Oxfordshire patients under the guardianship of this authority who are fostered in Brighton and Hove

*** In addition 9 Northamptonshire & 1 Warwickshire patients attend this centre

Future developments

1. Hostel for Subnormal Children, 25/27 West Bar, Banbury

It is hoped that this small hostel to accommodate twelve children will be ready towards the end of 1963.

2. Sandford Home for elderly, mentally infirm persons

The plans for this home are at an advanced stage, and building will commence during the coming financial year. It is anticipated that the home will be ready for use in fifteen to eighteen months.

3. East Oxfordshire Training Centre

It is hoped that this urgently needed provision will be sited on the grounds of the ex-military hospital in Wheatley. There is no doubt that this would be an ideal site for the new training centre.

4. New Sheltered Workshops in Witney

The adult section of the Witney Training Centre grew so rapidly during the year that temporary accommodation in the Corn Exchange had to be found. This is adequate at the moment, but is in many respects below the desired standard. There is every indication that the group will outgrow this accommodation in the course of 1963. The Council plans to build a new, larger, purpose designed workshop in Witney. Steps are being taken to find a suitable site.

5. Special Care Unit, Witney

The value of special care units has been amply demonstrated by the one incorporated in the Banbury Training Centre. Twelve months ago there was no demand for such a unit at Witney, but during 1962 an acute demand arose. Temporary measures are coping with this demand. It is planned to provide a unit at the Witney Training Centre when the proposed Health Centre in Welch Way opens. When this happens, room will be available as a result of the vacation of the Dental Clinic adjacent to the present Centre. The vacation of the existing clinic premises will also enable use to be made of the present physiotherapy room as a "hall" for the Witney Centre.

6. Hostel for Adult Subnormal Persons

This hostel was originally planned to be built at Cumnor Rise. It is hoped that it will now be possible to build it within reasonable distance of the proposed "East Oxon" Training Centre. This will enable residents to make use of the Centre facilities for sheltered employment and special training where necessary. It is hoped, in this way, to be able to provide special residential training courses, for example, in elementary domestic science.

TEN YEAR PLAN

for the Development of the Local Authority Health Services

In accordance with the requirements of the Minister of Health, the following proposals were prepared for the development of the health services over the next ten years.

CAPITAL PROGRAMME 1962/1963

Henley - Comprehensive Health Clinic

Grounds of Townlands Hospital, Henley. To serve a population of 12,000. To replace unsatisfactory clinic premises which consist of old converted war-time day nursery.

Wheatley - Training Centre

Land formerly used by Wheatley Military Hospital. To provide a training centre, special care unit, and adult workshops for 50-65 mentally subnormal in central Oxfordshire.

Sandford - Home for senile confused

Land purchased from Littlemore Hospital. To provide accommodation for 40 senile confused persons. To serve needs of central part of County.

Banbury - Hostel for mentally subnormal

Near to new purpose-built Training Centre. To provide accommodation for 12 mentally subnormal children, who will attend the Training Centre.

Thame - Ambulance Station

To provide garage for two vehicles. To replace use of old rented garage which could house only one vehicle.

Kidlington - Ambulance Station

To provide garage for two vehicles. To replace unsatisfactory vehicle accommodation in a rapidly growing community whose population will increase to 12,000.

Nurses' houses - five

Two bedroom accommodation each with district room and garage. To provide new accommodation or to replace unsatisfactory existing accommodation.

Ambulance Service - New wireless equipment

New transmitting and receiving stations. To adapt existing radio control service to reduce width of waveband.

CAPITAL PROGRAMME 1963/1964

Wheatley - Training Centre

Land formerly used by Wheatley Military Hospital. To provide a training centre, special care unit, and adult workshops for 50-65 mentally subnormal in central Oxfordshire.

Wheatley - Hostel for adult female subnormal persons

Land formerly used by Wheatley Military Hospital. To provide residential accommodation for 25 female patients employed in Oxford.

Witney - Workshops for adult subnormal patients

Central site in Witney not yet chosen. To replace unsatisfactory accommodation in rented premises for 30-40 patients.

Banbury - Comprehensive Health Clinic

Land to be purchased situated centrally in the town. To replace unsatisfactory premises which are rented from, and required by, Banbury Borough Council. To provide services for population of over 40,000.

Kidlington - Ambulance Station

To provide garage for two vehicles. To replace unsatisfactory vehicle accommodation in a rapidly growing community whose population will increase to 12,000.

Sandford - Home for senile confused persons

Land purchased from Littlemore Hospital. To serve needs of central part of County. To provide accommodation for 40 senile confused persons.

Banbury - Hostel for mentally subnormal

Near to new purpose-built training centre. To provide accommodation for 12 mentally subnormal children.

Witney - Ambulance Station

Central site in Witney reserved for municipal development. To replace unsatisfactory accommodation.

Nurses' houses - five

Two bedroom accommodation, each with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation for district nurses.

CAPITAL PROGRAMME 1964/1965

Oxford - Hostel for discharged psychiatric patients

In or near Oxford City. Site not yet chosen. To provide rehabilitation and employment for up to 20 patients suffering from mental illness.

Witney - Comprehensive health clinic

In centre of Witney on site scheduled for municipal development. To replace unsatisfactory accommodation in rented church premises which are shared with the Hospital Board and also used for mental health services.

Witney - Special care unit

In existing rented premises which will be vacated when the health clinic is opened. To provide care for physically handicapped mentally subnormal children.

Nurses' houses - five

Two bedroom accommodation each with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation.

Henley - Ambulance Station

In centre of Henley. To adapt premises formerly used as fire brigade premises. To replace unsatisfactory ambulance accommodation.

CAPITAL PROGRAMME 1965/1966

Witney - Hostel for male mentally subnormal patients

In or near Witney. Site not yet chosen. To provide accommodation for 25 subnormal patients requiring training and rehabilitation. Employment is available in the area and sheltered employment and training available at the Witney Training Centre.

Oxford - Workshops for patients suffering from mental illness

In or near Oxford City. Site not yet chosen. For rehabilitation and training of approximately 30-40 adult patients. Employment is available in the area.

Crowmarsh - Ambulance Station

Site in Crowmarsh not yet chosen. To provide small station for three vehicles in place of unsatisfactory garage accommodation for one vehicle.

Nurses' houses - five

Two bedroom accommodation each with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation.

CAPITAL PROGRAMME 1966/1967

Banbury - Workshops for adult mentally subnormal patients

Central site in Banbury which has not yet been chosen. It is anticipated that separate accommodation for 30-40 adults will be required in this town, which is scheduled for expansion from 20,000 to 40,000 population.

Banbury - Residential home for senile confused persons

In Banbury. Site not yet chosen. 40 places. To serve the needs of Banbury and North Oxfordshire.

Chipping Norton - Ambulance Station

In Chipping Norton. Site not yet chosen. At present a bus shelter is used for one vehicle and a small office. The new station will provide for three vehicles.

Nurses' houses - five

Two bedroom accommodation each with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation.

CAPITAL PROGRAMME 1967/1968

Kidlington - Comprehensive Health Clinic

Site not yet chosen in centre of Kidlington. This clinic will replace sessions held in unsatisfactory church hall premises. Kidlington is a rapidly growing community with a population anticipated at 12,000. The clinic will include a dental wing which will be a new provision.

Banbury - Hostel for psychiatric patients

. In Banbury. Site not yet chosen. It is anticipated that there will be a need for 20 places in a hostel to provide rehabilitation and employment for patients in the Banbury area.

Central Oxfordshire - Hostel for older mentally subnormal patients

Central Oxfordshire. Site and location not yet chosen. To provide for the needs of 40 older subnormal persons who do not require hospital care, but who need different provision from that available in other residential accommodation.

Nurses' houses - three

Two bedroom accommodation each with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation.

CAPITAL PROGRAMME 1968/1969

Banbury - Workshops for mentally ill patients

In Banbury. Site not yet chosen. To provide training and employment for 20-30 patients in the Banbury hostel, and for those patients in the community who need rehabilitation and/or sheltered employment.

Bicester - Comprehensive Health Clinic

It is suggested that the clinic should be situated centrally near the existing ambulance station. To replace unsuitable clinic premises rented from the Urban District Council.

Nurses' houses - three

Two bedroom accommodation each with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation.

CAPITAL PROGRAMME 1969/1970

Witney - Residential home for senile confused persons

In or near Witney. Site not yet chosen. To provide accommodation for 40 senile confused persons.

Thame - Comprehensive Health Clinic

In central situation in Thame. Site not yet chosen. This clinic will replace sessions held in unsatisfactory church hall premises. It will also include new dental clinic provision. The population of Thame is estimated at 8,000 in 1971 and this clinic will also serve the Chinnor area.

Nurses' houses - three

Two bedroom accommodation each with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation.

CAPITAL PROGRAMME 1970/1971

Henley - Training Centre for mentally subnormal patients

In Henley, Nettlebed or Peppard area. To provide community training centre and workshops for about 60-70 patients, some of whom are at present attending Borocourt Day Hospital.

Nurse's house - one

Two bedroom accommodation with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation.

CAPITAL PROGRAMME 1971/1972

Nurse's house - one

Two bedroom accommodation with district room and garage. To provide new accommodation or to replace unsatisfactory accommodation.

STAFF OF HEALTH DEPARTMENT

Doctors	In addition to the County Council staff, 42 general practitioners act as medical officers for County infant welfare clinics. The figures given show the approximate equivalent of whole-time staff; the suggested increase in staff is based on the anticipated growth of population in the County.
Dentists	One eleventh of the time of County dentists is attributed to maternity and child welfare work. This is expressed in relation to full-time staffing.
Domiciliary midwives/ district nurses	The increase in staff on the establishment is related to the anticipated growth of population. In view of the difficulties of recruitment, it appears unlikely that all the posts will be filled.
Health visitors	The increases in staff over the ten-year period are related to the anticipated growth of population.
Day Nursery staff	This figure is based on the assumption that Banbury Day Nursery will continue as at present over the next ten years.
Ambulance staff and vehicles	These figures are related to 1) the capital programme above and 2) the conversion of existing stations providing only stand-by duties to stations providing full-time service as follows: 1963/64 Witney, Thame, Henley; 1965/66 Bicester, Crowmarsh; 1966/67 Chipping Norton.
Staff in training centres	These figures are related to the provision of training centres as shown in the capital programme: namely at Wheatley 1963/64 and Henley 1970/71.
Home helps	Part-time home helps are shown as equivalents of full-time staff. The increases in staff are related to the anticipated growth of the County population.
Staff in residential accommodation	These figures are related to the capital programme and the provision of residential homes for senile confused persons, at Sandford 1963/64, Banbury 1966/67, and Witney 1969/70; the hostels for mentally subnormal at Banbury 1963/64, Wheatley 1963/64, Witney 1965/66, Oxford 1967/68; and the hostels for psychiatric patients at Oxford 1964/65 and Banbury 1967/68.
Staff for non-residential centres for patients with mental illness	These figures are related to the provision of workshops in Oxford and Banbury for patients with mental disorder.
Domiciliary social or welfare workers	These figures express, as full-time equivalents, the staff of the mental welfare section. The increase is based on the anticipated growth of population in the County.

STAFF OF HEALTH DEPARTMENT

Population of the County 205,680

Estimates
270,500

Category of staff	1961/62	1962/63	1963/64	1964/65	1965/66	1966/67	1971/72
Doctors (including MOH)	5	5	5	6	6	6	7
Dentists (for M & CW work)	Less than 1 full-time	Less than one	Less than one	Less than one	Less than one	1	More than one
Domiciliary midwives/District nurses	60	62	64	66	68	70	80
Health visitors	36	36	37	38	39	40	45
Staff (other than domestic) in day nurseries	5	5	5	5	5	5	5
Other nursing staff in the health services	1	1	1	1	1	1	1
Ambulance staff (all grades) (vehicles in brackets)	41	41 (13 amb) (4 SCV)	64 (16 amb) (7 SCV)	67 (16 amb) (8 SCV)	84 (17 amb) (10 SCV)	89 (17 amb) (10 SCV)	104 (19 amb) (13 SCV)
Staff (other than domestic) in training centre for mentally subnormal	7	9	15	16	16	19	24
Home helps (including supervisory staff)	76	78	80	82	84	86	96
Staff (other than domestic) in residential accommodation under S. 28/46	-	12	18	21	27	35	53
Staff (other than domestic) in non-residential centres for the handicapped under S. 29/48	-	-	-	-	-	-	-
Staff for non-residential centres for patients with mental illness	-	-	-	-	2	2	4
Home teacher for mentally handicapped (also working part-time in training centre)	1	1	1	1	1	1	1
Domiciliary social or welfare workers							
a) University or equivalent professional training (i.e. almoners, psychiatric social workers and family case workers)	-	-	-	-	-	-	-
b) General training in social work (i.e. with certificate of Social Workers Training Council when available)	2	2	4	4	4	5	5
c) Other social workers	3	3	3	3	3	3	3
d) Welfare assistants	-	-	-	-	-	-	-

B L I N D N E S S

Mr R. T. Barre, Chief Welfare Officer, has kindly contributed the following information:

During the year ended 31st December 1962, 79 completed forms BD 8 were received and 46 persons were admitted to the Blind Register and 33 to the Register of Partially Sighted Persons.

No cases of blindness due to retrolental fibroplasia were reported but one child was certified as partially sighted.

Of the 55 persons recommended for treatment 34 were dealt with during the year and received treatment as recommended.

A - FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

i. Number of cases registered during the year in respect of which form BD 8 recommended: (a) No treatment (b) Treatment (medical, surgical or optical)	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment	1	2	-	21
(b) Treatment (medical, surgical or optical)	12	8	1	34
ii. Number of cases at (i)(b) above which on follow-up action have received treatment	5	5	1	23

B - OPTHALMIA NEONATORUM

i. Total number of cases notified during the year	NIL
ii. Number of cases in which:	
(a) Vision lost	
(b) Vision impaired	NIL
(c) Treatment continuing at end of year	

During the year ended 31st December 1962 ten persons who were on the Partially Sighted Register were re-examined and placed on the Register of Blind Persons.

CASES CERTIFIED BLIND AND PLACED ON THE REGISTER OF BLIND PERSONS FOR THE COUNTY OF OXFORD DURING 1962

<u>Cause of blindness</u>	<u>Age group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Glaucoma	60-64	-	1	1
	70-79	1	-	1
	80-84	1	1	2
	85-89	-	1	1
Diabetic retinopathy	80-84	-	1	1
Uritis lens opacities & macular degeneration	70-79	-	1	1
Uveitis	70-79	-	1	1
Optic atrophy	5-10	1	-	1
	65-69	-	1	1
	70-79	-	1	1
	90 plus	-	1	1

CASES CERTIFIED BLIND (continued)

<u>Cause of blindness</u>	<u>Age group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Cataracts	65-69	-	1	1
	70-79	1	2	3
	80-84	-	3	3
	85-89	1	-	1
Macular degeneration	70-79	1	-	1
	80-84	-	2	2
Diabetic cataracts	65-69	-	1	1
Extensive scaring of both cornea resulting in keratitis in childhood	70-79	-	1	1
Senile retinopathy	70-79	-	1	1
	80-84	1	2	3
	85-89	-	1	1
Myopic degeneration	50-59	-	1	1
Bilateral central senile retino choroidal degeneration	70-79	1	-	1
	80-84	1	-	1
	85-89	-	1	1
Thrombosis of central retinal vein - amblyopia	50-59	1	-	1
Bilateral congenital epithelial dystrophy	50-59	-	1	1
Bilateral retinitis pigmentosa	50-59	1	-	1
Diabetic retinopathy	65-69	-	1	1
Arterio sclerotic retinopathy	50-59	-	1	1
Congenital myopia	50-59	1	1	2
Retinal detachment	80-84	1	-	1
High myopia	70-79	-	1	1
Bilateral central senile choroidal sclerosis	80-84	-	1	1
Basilar artery thrombosis	70-79	-	1	1
Hypertensive retinopathy	60-64	-	1	1
		13	33	46

The total number of cases on the Blind Register for the County of Oxford at 31st December 1962 was:

<u>Male</u>	<u>Female</u>	<u>Total</u>
156	220	376

Epilepsy

During 1962 there were nine persons in the care of the Welfare Committee in epileptic colonies.

Handicapped persons

The number of registered handicapped persons (deaf) was 82.

The number of registered handicapped persons (general classes) was 127.

INFECTIOUS DISEASES

There were no serious outbreaks of infectious disease in 1962. No cases of poliomyelitis, typhoid fever, or diphtheria were reported. One unusual feature was the notification of thirty cases of acute primary pneumonia in the Ploughley district in the third quarter of the year: 12 cases were children of school age, and 15 were of adults between the ages of 15 and 44.

NOTIFICATION OF INFECTIOUS DISEASES 1962

Diseases	Urban Districts							Rural Districts							TOTALS FOR ADMINIS- TRATIVE COUNTY	
	Banbury Borough	Woodstock (Borough)	Chipping Norton (Borough)	Henley-on-Thames(Borough)	Bicester	Witney	Thame	TOTALS FOR COMBINED URBAN DISTRICTS	Banbury	Chipping Norton	Witney	Bullington	Henley	Ploughley		TOTALS FOR COMBINED RURAL DISTRICTS
Scarlet fever	2							2			3	11	2	16	32	34
Whooping cough	1							1		1	1	2	1	6	11	12
Poliomyelitis								-							-	-
Paralytic								-							-	-
Non-paralytic								-							-	-
Measles	11		70				109	190	3	41	9	241	41	69	404	594
Diphtheria								-							-	-
Dysentery	1							1			2	15		3	20	21
Meningococcal infection	1							1							-	1
Pneumonia								-		4	2	1	2	39	48	48
Smallpox								-							-	-
Acute encephalitis								-					1		1	1
Infective								-							-	-
Typhoid fever								-							-	-
Paratyphoid fever								-				1			1	1
Erysipelas			1				1	2							-	2
Food poisoning						1		1	1			5	1	3	10	11
Tuberculosis								-							-	-
Respiratory	5	1	1	3	1	1	5	17	2		4	17	10	10	43	60
Non-respiratory	1		1					2	1			4	1	1	7	9
Puerperal pyrexia								-		1		1			2	2
Ophthalmia neonatorum								-			1		1		2	2
Anthrax								-							-	-

Tuberculosis

I am indebted to Dr J.M. Black for the following report:

"In September 1962 Dr N.J. England retired after twenty-eight years service in this area. The tuberculosis service nationally and locally is greatly indebted to him for helping to establish sound and successful policies.

The following table of new notifications is derived from the information supplied by the weekly returns of the two Combined Districts of Oxfordshire:

New notifications of tuberculosis 1962

Ages	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
0 - 14	4	3	0	2	9
15 - 44	20	14	2	1	37
45 - 64	12	3	1	2	18
65+	3	1	0	1	5
All ages	39	21	3	6	69

As in the immediate post-war years, the disease predominates in the young adult. The following table compares the new notifications of 1952 with those of 1962:

Pulmonary cases only				
Ages	1952		1962	
	Male	Female	Male	Female
0 - 14	5	4	4	3
15 - 44	42	39	20	14
45 - 64	14	6	12	3
65+	7	3	3	1
	68	52	39	21
	120		60	

The new notifications in 1962 are exactly half of those in 1952 and the greatest reduction has been achieved in the young adult age group, particularly in females, whose notifications in 1962 are almost one third of the 1952 figure.

The number of deaths from tuberculosis is small.

Success to date has been achieved by the very hard work of all concerned, by constant vigilance and by the co-operation of health visitors, almoners, medical officers of health, school medical officers, general practitioners, care committee members and chest physicians. Any slackening of effort will result in reversion of this satisfactory trend. The new notifications are still far too high and demand no complacency.

Tuberculin surveys of school children may lead to the sources of infection, provided the positive reactors and all their contacts are investigated. On a big scale such surveys can be very expensive of time and staff, and yield relatively little information. If such surveys are applied to specific problem areas, valuable results may be achieved. The results of such a survey by the school medical service are still awaited.

The follow-up of cases of pulmonary tuberculosis continues as an important part of chest clinic work. Such cases have to be observed for the rest of their lives as tuberculosis remains a relapsing disease, although chemotherapy has reduced the relapse incidence appreciably.

Owing to nursing and domestic staff problems the chest beds in the Pines Hospital in Banbury had to be closed for several weeks in the autumn. These were re-opened early in November and are a great boon to people in the Banbury area, as they obviate the relatives' problem of hospital visiting in Oxford, and of course the patients feel much more settled in their own area and are therefore more co-operative during the initial difficult phase of treatment.

The co-operation of Miss Edwards, the liaison health visitor, and all the other health visitors throughout the County has greatly contributed to the success of the work. Their tuberculosis duties are many and include the supervision of domiciliary chemotherapy and the reporting of side effects. Many patients are treated at home and it is important for prevention as well as curative purposes that their disease should be properly treated. If not adequately treated the patient may remain chronically infectious and a menace to public health.

During the year several vagrants with pulmonary tuberculosis have passed through our hands. Almost invariably they have left us for an address unknown before

completing their treatment. They are a danger to the community and one requires some means or other to see that they are properly cured."

Tuberculosis surveys

- Detailed investigations and inspections were carried out at:
- (I) A blanket factory, after one of the employees was notified as suffering from tuberculosis. As a result of the x-rays taken of other employees, one person was recommended for further investigation.
 - (II) A private girls school when the matron was notified as suffering from tuberculosis. X-rays and skin tests revealed no further case of tuberculosis.
 - (III) A farm training school following the notification of a master. Investigation uncovered no further case.
 - (IV) Three primary schools, after one teacher, a school child and a caretaker were notified as suffering from tuberculosis. As a result of x-rays taken of the other pupils, two children, who were contacts of the caretaker, were found to have tuberculosis.

A skin test survey of all Kidlington school children was undertaken following discussion with the general practitioners and the chest physicians. So far, four primary schools have been visited. 1132 children have been skin tested. Of these 58 were found to be positive and 994 were negative. 76 were positive due to prior BCG; four children who had had BCG vaccinations were found to be negative. One secondary school has yet to be investigated. The positive reactors and their relatives are being x-rayed. A complete summary of this survey will be reported in the 1963 Annual Report when the full results will be available.

Venereal disease

Although the national incidence of venereal disease has been rising, previous reports for the County have shown a slight decrease in the figures. This year, however, there is a marked increase affecting both male and female patients, more than a third of whom are not of British origin. In drawing attention to this grave problem, I am indebted to Dr P. Mallam for the following report:

"In 1962 there was an increase of approximately 25 per cent in the total number of new attendances compared with the figure for 1961. This increase is a disturbing one and there seem four main reasons for it:

Firstly, the increase in the number of immigrants. It is to be noted that approximately one third of the new patients attending the Male Special Clinic and one sixth of the new patients attending the Female Special Clinic during 1962 were immigrants.

Secondly, increased mobility of the population.

Thirdly, increased promiscuity amongst the young, and an attitude of mind apparently less affected by the social stigma of venereal disease than that found in older clinic patients, and lastly,

Ignorance amongst females, especially the younger ones, of the fact that they have been infected, forms a constant potential danger.

The duties of the almoner remain as before, namely, tracing contacts and encouraging patients already attending not to default. In addition she offers individual help to patients whose attendance at the clinic has created or aggravated certain personal problems and needs."

	1958			1959			1960			1961			1962		
	O	R	T	O	R	T	O	R	T	O	R	T	O	R	T
Syphilis	8	1	9	8	1	9	5	-	5	2	1	3	11	1	12
Gonorrhoea	30	-	30	46	1	47	28	2	30	27	2	29	35	7	42
Other	64	3	67	103	5	108	96	4	100	88	4	92	99	15	114
Totals	102	4	106	157	7	164	129	6	135	117	7	124	145	23	168

O = Radcliffe Infirmary, Oxford R = Royal Berks Hospital, Reading T = Total

SANITARY CIRCUMSTANCES OF THE AREA

Rural Water Supplies and Sewerage Acts, 1944-1961

Local Government Act, 1958

Under the above Acts ten proposed schemes of main drainage estimated to cost £301,757 and six mains water schemes to the value of £19,883 were received from the County District Councils.

These schemes received technical consideration and were reported upon for the County Council's observations and contributions towards their cost.

RURAL HOUSING AND SANITARY CIRCUMSTANCES

Rural housing survey	Banbury		Bullingtondon		Chipping Norton		Henley		Ploughley		Witney		Totals	
	+1951	1962	+1953	1962	+1947	1962	+1950	1962	+1949	1962	+1953	1962	-	1962
Group 1 - Satisfactory in all respects	609	1207	2702	2890	762	1414	1349	2145	886	2789	1210	1891	7518	12336
Group 2 - With minor defects	688	490	1729	2344	1467	1309	1223	326	1315	593	891	854	7313	5916
Group 3 - Requiring repair, structural alteration or improvements	922	879	1780	1188	1282	967	855	779	1113	74	2263	1508	8215	5395
Group 4 - Unfit for habitation and beyond repair at a reasonable cost	827	271	534	54	400	37	55	38	453	80	300	266	2569	746
	3046	2847	6745	6476	3911	3727	3482	3288	3767	3536	4664	4519	25615	24393

Note: + year survey completed

FOOD AND DRUGS

FOOD AND DRUGS ACT, 1955
MILK AND DAIRIES

The Milk (Special Designation) Regulations, 1960

Pasteurised milk

Eight dairies are licensed by the County Council to pasteurise milk. From these dairies 915 samples of heat-treated milk were obtained to check compliance with the legal requirements.

Sample summary

	Passed	Failed	Invalid	Total
Phosphatase test (for effective pasteurisation)	908	7	-	915
Methylene blue test (for keeping quality)	882	26	7*	915

* Due to the atmospheric shade temperature, at which samples have to be kept for a period, exceeding 70°F.

Of the seven phosphatase test failures, four were obtained from high temperature short time pasteurising plant and three from holder type pasteurisers. As soon as a failure is reported the County Public Health Officer visits the dairy to ascertain the cause and to see that the defect is corrected.

Retail sale of designated milk

The County Council is responsible for licensing dairies and shops retailing milk. 172 dealers pre-packed licenses are in operation, ten more than in 1961. The distribution of these licenses in the various district councils' areas is given below. In addition to this number, seventeen other dairymen come into the County to sell milk. These persons do not have to be licensed by the County Council, as they are already licensed by the appropriate authority where their dairy is situated. Pasteurised milk, which includes the grades TT pasteurised and Channel Islands pasteurised, forms the major sale, although sterilised milk is widely available. Raw tuberculin tested milk, mostly farm bottled, is sold by fourteen dealers, three more than in 1961.

Altogether 609 samples of retailed milk were submitted for examination.

Sample summary

Pasteurised milk	Phosphatase test		Methylene blue test			Total
	Passed	Failed	Passed	Failed	Void	
	467	2	435	34	-	
Sterilised milk	Turbidity test					57
	Passed	Failed				
	56	1				
Raw TT milk	Methylene blue test					83
	Passed	Failed				
	65	18				
			Total number of samples			609

All unsatisfactory reports are investigated by the County Public Health Officer and steps taken to remedy such supplies.

Distribution of dealers' pre-packed milk licences

Banbury Rural District	21	Banbury Borough	28
Bullington Rural District	24	Bicester Urban	9
Chipping Norton Rural District	12	Chipping Norton Borough	3
Ploughley Rural District	15	Henley Borough	13
Henley Rural District	10	Thame Urban	4
Witney Rural District	20	Witney Urban	11
		Woodstock Borough	2
Total 172 licences	<u>102</u>		<u>70</u>

Milk bottle and churn cleanliness

No legal bacteriological standard exists for the cleanliness of milk receptacles, but the Public Health Laboratory Service have an agreed classification. Receptacles examined gave the following results in accordance with the standards.

	Bottles	Churns	Churn lids
Satisfactory	59	40	38
Fairly satisfactory	8	1	-
Unsatisfactory	45	6	1
Invalid	20	-	8
Totals	132	47	47

The 45 unsatisfactory bottles include 35 bottles obtained from one dairy over a period during which bacteriological examinations were being undertaken on the bottle washing plant, the detergent used, and the rinse water, to establish the cause of the unsatisfactory bottles. This investigation resulted in a very considerable improvement in the bottle cleanliness.

School and children's homes milk supplies

All schools, and homes, receive pasteurised milk and 84 samples of -milk were obtained. Failed reports were followed up.

Sample summary

	Phosphatase test		Methylene blue test		Total
	Passed	Failed	Passed	Failed	
Pasteurised milk	84		73	11	84

Specified areas

The whole of the County is covered by a number of Specified Area Orders. General supervision is maintained and during the year two infringements were found and dealt with.

Biological examination of milk

There are 62 producer-retailers in the County. These are farms where tuberculin tested milk, produced on the farm, is bottled for sale. Routine biological testing is made of these milk supplies. During the year milk from one of these farms was found positive to brucella abortus, an animal infection which may give rise to the illness known as undulant fever in humans. Consequently, all milk from this herd was forwarded for heat-treatment, thereby rendering the milk safe, and a pasteurised milk supply was retailed until the herd was found free of infection. Investigation of the herd, comprising seventeen cows, revealed one positive animal; the farmer sent this animal for slaughter.

In addition, two other herds were investigated. One, a follow-up of a herd previously found positive for brucellosis in 1961, resulted in two cows being found positive. In the second herd, although the bulk of the milk went for pasteurisation, some twenty persons on the estate had milk from the farm and appropriate precautionary measures were taken. Out of 34 animals tested, six proved, on biological examination, positive to brucella abortus, whilst three were classed as suspicious.

Altogether, 106 samples of milk were submitted for biological examination, and one sample of farm produced cream; in all ten samples proved positive to brucella abortus.

SCHOOL HEALTH SERVICE

The health of schoolchildren in Oxfordshire

The reports from school medical officers emphasise once again the excellent health of the great majority of schoolchildren throughout the County. One doctor reports:

"Looking back over the year I have no hesitation in stating that the general health and appearance of the school population is improving. The large majority of the children examined were clean and healthy, well nourished and obviously enjoying the excellent schooling provided. A small number of congenital defects and disorders were found during the examinations."

Another doctor writes:

"All the children appeared to be in very good health and there were very few referrals to the general practitioner or hospital for abnormalities. Visual defects and minor degrees of deafness are the usual reasons for referral."

And another:

"I found the boys in good average health, and height-weight rates were satisfactory. Clothing and standards of cleanliness were unexceptional. The sanitary and ablution facilities at the school are, on the whole, satisfactory."

In previous years the adverse effects of shoe fashions on children's feet has been a subject for serious concern. This year two reports possibly give cause for hope that there may be improvements in the future. One doctor states that for his schools:

"The number of cases of flat feet and knock knees is definitely diminishing due, I feel, to the younger children wearing better shoes."

Another doctor comments:

"The value of exercise classes for flat feet is, I think, shown by the fact that only two of the thirteen cases were found in the secondary school age group."

Early in the year a circular from the Ministry of Health and Education drew attention to the need for the education of the public, especially school children, on the hazards of smoking. This circular followed the report of the Royal College of Physicians on Smoking and Health. At a meeting with representatives of heads of schools it was felt that instruction on the dangers of smoking should be given to schoolchildren as part of their general health instruction. It might be possible to combat smoking as a status symbol by exhibiting suitable posters and health education material in schools and youth clubs, by stressing the bad effect of smoking on general fitness and health, by emphasising the high cost of the habit to young people, and by making an approach to girls to take more pride in their personal appearance. In addition the importance of the subject would be continually stressed at meetings of parent-teacher associations. The committee agreed that arrangements should be made with the Central Council of Health Education to hire a mobile film unit which would not only reinforce these points but would also assist those schools which had been visited by helping them to provide their own panels of speakers who could carry on the work of the unit.

Unfortunately it was not possible to provide an adequate speech therapy service throughout the year on account of the illness and retirement of Mrs McConnell. The committee accepted a recommendation that in a rural county like Oxfordshire, with a school population of about thirty thousand children, it was necessary to increase the establishment by appointing a third speech therapist; accordingly an appropriate allowance was made in the estimates.

In general the administration of school medical inspections does not give rise to difficulties, but at Ambrosden it was found that there was delay in transfer of school records of children of Service parents who had come into the area from overseas. With the co-operation of the Army authorities it was possible to make alterations in the procedure for record transfer to ensure that these records were available when the children were medically examined at school.

The preliminary reports on selective medical inspections from school medical officers and teachers indicate that they are more efficient and provide a more useful service to the children than the routine medical inspections which they have replaced. As a result the committee have authorised that selective medical examinations shall be undertaken in two further areas: Henley and Eynsham. At the same time it was considered desirable to increase the frequency of routine testing of children's eyesight. Defects of vision are known to occur more frequently after the age of ten years, and by arranging for children's eyesight to be tested each year it is hoped that shortsightedness and astigmatism will be detected sooner and so enable children to make more use of their abilities.

As a general rule the assessment of the health of schoolchildren is based on reports received from school doctors and nurses. But heads of schools are also of great help in drawing attention to special problems which affect them. Recently the head of one grammar school wrote to say that an unusually large number of children, mainly adolescent girls, had collapsed in school during the severe winter weather. Enquiry showed that most of them lived some distance away from the school; some of them had to catch the school bus at 7.45 am. In almost all cases it was found that the children had left home without any breakfast, very often because they got up too late.

Clearly there is a need for better parental supervision in these cases. The Ministry, in advising on dietary in residential schools, state that breakfast should include a cooked main dish. A good breakfast is essential for all schoolchildren, especially in bad weather when journeys to school may be prolonged. This important subject could well be discussed at parent-teacher group meetings. A health visitor for health education work has recently been appointed in the County. Her classes in mothercraft and 'preparation for life' have been arranged at the request of heads of schools, and teachers I have spoken to are impressed with the value of this service. Additional health education talks on food values and nutrition should help both children and parents to offset misleading advertisements, and generally to improve the children's health.

The appointment of an audiometrician has proved of great value in the detection of hearing loss. All children have their hearing tested during the year after admission. One school doctor reports: "The most striking feature of the year in school medical inspections has been the great success and increased usefulness of the audiometric service, which has stimulated many parents to take an interest in the standard of hearing of their children." The majority of defects can be corrected by simple medical or operative procedures. The analysis of results which are shown in the report indicates how useful the service has been.

In the past, attention has been drawn to the marked contrast that exists between the good physical health and the poor dental health of schoolchildren. This is confirmed again this year in the school doctors' reports. The following extract is representative: "There is still a lot of dental caries, particularly in the younger age groups, and I trust it will be possible to carry out fluoridation of the water supplies, in the hope that the caries may be reduced in the future." Both national and local surveys in Oxfordshire have shown that the incidence of dental decay can be halved by the relatively simple process of fluoridation of water supplies, and it is to be hoped that future generations will be able to benefit from this useful public health measure.

As in previous years, I am pleased to report that school doctors emphasise the good relations which exist with the health visitors and teachers. This friendly co-operation, which so often results from the school doctor being well known as the family doctor in the area, is of great help in promoting close liaison between the different workers in the school health service.

SCHOOL HEALTH SERVICE

COMMITTEE AND STAFF

Special Services Board of the Education Committee

J. A. Fenemore, Esq. (Chairman)		Mrs M. H. Hichens, CBE
Mrs P. MacDougall	Lt. Col. The Right Hon. Lord Saye and Sele, OBE, MC, DL	
Mrs B. Ledger	C. J. Peers, Esq.	W. G. Bayley, Esq.
H. Mears, Esq.	The Revd J. Roddy	R. S. Thompson, Esq.

Staff of School Medical Service, 1962

Principal School Medical Officer M. J. Pleydell, MC, MD, DPH

Deputy Principal School Medical Officer J. A. G. Watson, MB, BS, DPH

General Practitioners who act as School Medical Officers:

Dr D. C. Harris	Dr R. G. Eager	Dr F. J. S. Chapman
Dr M. B. Noble	Dr J. Borrie-Harris	Dr H. F. McCabe
Dr G. L. Stroud	Dr J. F. Monk	Dr F. A. Bevan
Dr Anne Davies	Dr F. E. James	Dr A. Sharman Beer
Dr R. G. P. Almond	Dr D. Richardson	Dr J. W. Bullen
Dr M. A. Slee	Dr G. D. Bolsover	Dr T. Cocks
Dr A. J. Campbell	Dr L. J. Timings	Dr T. D. Thorne
Dr N. J. P. Hewlings	Dr P. M. M. Pritchard	Dr E. Herrin
Dr W. Dickson	Dr J. B. Gleeson	Dr C. W. Stringfellow
Dr A. P. Millar		

Principal School Dental Officer J. Rodgers, DFM, LDS, RFPS

School Dental Officers:

Mrs L. Stolarow, DAS	J. P. Bolte, LDS (resigned 9.11.62)
H. L. Davies, LDS, RCS	W. P. Jones, LDS (appointed 15.1.62)
W. J. Cook, LDS, RCS (part-time)	R. L. Davies, LDS (appointed 1.2.62)

Superintendent of School Nurses Miss E. Richards, SRN, SCM, MTD
HVCert, QNS

Deputy Superintendent of School Nurses Miss C. E. Henry, SRN, SCM, MTS
HVCert

School Nurses/Health Visitors Thirty-one

Educational Psychologists Miss M. Markham, BA
Mrs M. J. Scott-Blair (part-time)

Speech Therapists Miss J. Ash, LCST
Mrs M. McConnell, LCST
(resigned 31.8.62)

Physiotherapists Miss H. Munns, MCSP
Miss M. J. Bouch, MCSP (part-time)
Miss M. Dunford, MCSP (part-time)
Miss C. Tudor Evans, MCSP (part-time)

STATISTICS

Return of medical examinations for the year ended 31st December 1962
(including Banbury Borough)

ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations	<u>1961</u>	<u>1962</u>
Entrants	3724	3959
Second age group	2564	2268
Third age group	<u>1655</u>	<u>1577</u>
Total	7943	7804
Number of other periodic examinations	<u>129</u>	<u>119</u>
Grand total	<u>8072</u>	<u>7923</u>

OTHER EXAMINATIONS

Number of special examinations	893	876
Number of re-examinations	<u>1399</u>	<u>1289</u>
Total	<u>2292</u>	<u>2165</u>

A - Return of defects found by medical examination in the year ended
31st December 1962

<u>Defect or disease</u>	(1)	(2)	(3)	(4)	(5)
		<u>Periodic examinations</u>		<u>Special examinations</u>	
		Number requiring		Number requiring	
		Number	to be kept under	Number	to be kept under
		requiring	observation but	requiring	observation but
		treatment	not requiring	treatment	not requiring
			treatment		treatment
Skin		51	62	3	2
Eyes - Vision		410	224	42	19
Squint		41	22	1	-
Other conditions		17	14	4	4
Ears - Defective hearing		22	38	4	2
Otitis media		8	37	-	-
Other ear diseases		14	17	3	6
Nose and throat		130	2 64	14	14
Speech		42	66	2	2
Lymphatic glands		5	54	-	-
Heart and circulation		9	62	-	5
Lungs		19	99	5	6
Developmental - Hernia		6	8	-	3
Other		24	81	-	-
Orthopaedic - Posture		125	117	6	7
Flat foot		104	166	16	4
Other		87	148	7	8
Nervous system - Epilepsy		3	9	-	-
Other		8	28	3	1
Psychological - Development		4	43	3	2
Stability		3	46	2	3
Abdomen		7	11	1	3
Other		52	74	26	1 9

B - Classification of the nutrition of children examined during the year
in the routine age groups

Age groups	Number of children inspected	<u>Satisfactory</u>		<u>Unsatisfactory</u>	
		Number	%	Number	%
Entrants	3959	3933	99.3	26	.7
Second age group	2268	2250	99.2	18	.8
Third age group	1577	1567	99.4	10	.6
Other periodic inspections	<u>119</u>	<u>115</u>	<u>96.6</u>	<u>4</u>	<u>3.4</u>
Total	7923	7865	99.3	58	.7

C - Number of individual children found at routine medical examination to require treatment (excluding uncleanliness and dental disease)

Group	(1)	(2)	(3)	(4)
		For defective vision (excluding squint)	For all other conditions recorded in Table A	Total
Prescribed groups				
Entrants		149	373	489
Second age group		147	255	375
Third age group		<u>114</u>	<u>153</u>	<u>251</u>
Total (prescribed groups)		410	781	1115
Other periodic examinations		<u>21</u>	<u>29</u>	<u>45</u>
		<u>431</u>	<u>810</u>	<u>1160</u>

RETURN OF DEFECTS TREATED DURING YEAR ENDED 31st DECEMBER 1962

Defective vision and squint (excluding minor eye defects treated as minor ailments)

<u>Defect or disease</u>	<u>Number of cases treated</u>
Errors of refraction (including squint)	1575
Total number of children for whom spectacles were prescribed	744

Treatment of defects of ear, nose and throat

<u>Defect or diseases</u>	<u>Number of cases treated</u>
Received operative treatment	
(a) for diseases of ear	11
(b) for adenoids and chronic tonsillitis	345
(c) for other nose and throat conditions	13
Received other forms of treatment	<u>31</u>
Total	400

Uncleanliness and verminous conditions

1. Number of children found unclean 86
2. Number of individual pupils in respect of whom cleansing notices were issued None
3. Number of individual pupils in respect of whom cleansing orders were issued None

Handicapped pupils in special schools

Category	In special schools	Awaiting vacancies	Home tuition and tuition in hospitals	In hospital schools	Total	Dis-charged	New cases ascertained in 1962
a) Blind	10	1	-	-	11	2	3
b) Partially sighted	3	3	-	-	6	-	1
c) Deaf	4	1	-	-	5	1	-
d) Partially hearing	Residential 2 Day P-D unit 13	-	3	-	18	-	2
e) Educationally subnormal	Woodeaton Manor 50 Out County 46 Day special 27 Special classes 42	15 4 1 -	- 1 - -	- - - -	186	21	34
f) Epileptic	2	1	-	-	3	-	-
g) Mal-adjusted	Hostels 12 Schools 9 Day special 5	- 4 -	- - -	- - -	30	5	7
h) Physically handicapped	Day 4 Boarding 17	3	5	8	37	6	5
i) Speech	1	-	-	-	1	-	-
j) Delicate	Boarding 7 Day 2	-	2	-	11	3	7

Handicapped pupils

Blind - Three pupils have been certified as blind. The authority has ten pupils in residential schools for the blind.

Partially sighted - One new case has been reported and one pupil was admitted to a special school. Three partially sighted pupils are now in special schools.

Deaf - No new cases were assessed during the year. At the end of the year four pupils were receiving education in boarding schools for the deaf.

Partially hearing - Two children were ascertained as partially deaf, and two are now receiving education in a special school. Thirteen children attended the partially deaf unit in schools in Oxford.

Delicate - Seven new cases were reported and three admissions to special schools were arranged. At the end of the year seven pupils were in attendance at special schools.

Physically handicapped - Five new cases were reported and two were admitted to special schools. At the end of the year twenty-one physically handicapped pupils were receiving special educational treatment.

Educationally subnormal - Thirty-four children were assessed as requiring education in special schools; 27 were so placed. A total of 123 children are now in day or boarding schools.

Maladjusted - Seven pupils were placed in hostels or boarding special schools. On 31st December twelve children were attending hostels and fourteen were attending special boarding schools.

Epileptic - Two epileptic children are being educated at boarding schools.

Tuberculosis

Six cases of respiratory and one case of non-respiratory tuberculosis were notified. The ages of the children affected varied from 6 to 14.

During the year five schools were surveyed following the notification of one child and four adults suffering from tuberculosis. Three were primary schools, one a farm training school, and one a private school.

	Skin tested	Negative	Positive		X-rays		
			Due to BCG vaccinations	Others	No lesion seen	Healed lesion	Requiring follow-up
3 primary schools ages 5-11 years	416	379	22	15	13	2	-
Farm training school 16-18 years	129	62	6	61	-	-	-
1 private school 11-17 years	84	72	2	10	9	-	1
Totals	629	513	30	86	22	2	1

In addition, the staff and families at the farm training school and the primary school were examined.

Skin tests		X-rays		
Negative	Positive	No lesion seen	Healed lesion	Requiring follow-up
19	46	2	-	-

BCG vaccination

In the school year consent for Mantoux testing and vaccination was returned for 3027 children, which represents an acceptance rate of 92 per cent. 476 children tested were Mantoux positive, a rate of 15.7 per cent. The number vaccinated was 2364. Details are shown under the immunisation section.

Minor ailments

A minor ailment clinic is held daily at the Banbury Clinic. During the year 96 cases attended at the clinic.

Medical examination of teachers

Since 1st April 1952 all teachers entering the profession and all candidates entering training colleges must have a satisfactory medical examination. During 1962 26 teachers and 98 entrants to training colleges were examined, and found satisfactory.

Medical examination of children in part-time employment

Sixty-eight schoolchildren who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to the health of the children.

AUDIOMETRY

December 1962 completed the first full year of the audiometry service in the County. During this time 133 primary schools were visited to carry out routine sweep tests on the six year old children. In the rural areas, it was necessary to visit, at a suitable interval, most of these schools a second time to give a more detailed examination to the children who failed the initial test. In the urban areas special clinics were arranged at which parents were invited to attend with the children for their repeat tests. The senior assistant medical officer was in attendance at these clinics.

Accommodation in many schools was difficult to arrange, but head teachers were most co-operative and helpful in this respect.

The service has been welcomed generally and is being increasingly used as a means of eliminating the possibility of hearing loss being responsible for other difficulties in children, such as backwardness, behaviour problems and speech defects.

A total of 2936 six year old children were examined and with the permission of the general practitioners 283 (about 1 per cent) were referred to the ear, nose and throat clinics at the Radcliffe Infirmary or the Royal Berkshire Hospital for specialist opinion. Five were referred to the general practitioners and a further 243 were kept under observation by the audiometrician. The school medical officers, general practitioners, educational psychologists, speech therapist, health visitors and head teachers were responsible for referring a further 113 children of different age groups. Twenty-one (19 per cent) of these children were referred to the hospitals.

The recommendations and details of the total number of 304 children referred to the consultant otolaryngologists are as follows:

Removal of tonsils and adenoids	85
Removal of adenoids alone	15
Removal of tonsils, adenoids and myringotomy	7
Removal of adenoids and myringotomy	8
Myringotomy alone	8
Eustachian insufflation and politzorisation	15
Antrum puncture and washout	1
Polypectomy	1
Polypectomy and antrosotomies	1
Tympanoplasty	1
Ear drops	6
Decongestant therapy	15
Removal of wax	19
No treatment and review	31
No treatment	37
Left district before appointment	2
Failed appointment	25
Awaiting appointment	8
Referred to psychologist	1
Hearing aids issued	7
Perceptive deafness	11
(recommended to sit in front of class)	
	<hr/> 304

SPEECH THERAPY

1962 has been a year of transition, with some breaking down of the existing pattern foreshadowing new expansion.

In August Mrs McConnell resigned, and attempts to replace her have not met with immediate success; the southern area has been without a therapist since she left.

In June a report was submitted to the Special Services Board describing the aims of speech therapy, the nature of the work done, and outlining the particular needs of this rural area. It concluded with the recommendation for the appointment of a third speech therapist to work in the County. This appointment has now been approved and efforts are being made to fill both vacancies.

Closer co-operation with parents and teachers has had good results and this policy is being continued. In Banbury children who were previously brought to the clinic in a group by a school helper are now seen in school instead, so as to avoid their missing lessons while waiting for one another. The clinic is used after school hours for children from out-lying areas.

. During the summer an office was made available to the speech therapists. This has been much appreciated. Clerical work can now be done more easily and, it is hoped, efficiently. Being private, the office is also used for interviews with parents, and for discussion of cases.

The County speech therapists continue to attend meetings in the Speech Therapy Department of the Churchill Hospital; these provide valuable links with members of allied professions and are warmly appreciated.

<u>Statistics</u>	North of the County	South of the County (up to July)	Total
Children who received treatment during 1962	207	144	451
New cases	59	44	103
Discharges	68	62	130
Awaiting treatment	12	28	40

CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICE

Miss Markham and Mrs Scott-Blair have reported as follows:

The staff of the school psychological service have spent much time during the last year in helping the Director of Education to estimate how many children will, probably, need special educational treatment, whether in day or boarding schools, or special classes attached to the ordinary schools. These needs vary in the different areas of the County and a close knowledge of the schools helps all concerned to plan both for the individual and the majority. When these classes or schools are established they will require help and supervision by the educational psychologists, who work with the school medical offers to find the right pupils in the first instance.

The staff of remedial teachers of reading in the County remains at six, full-time, with a seventh teacher who does part-time teaching.

The following table gives an account of the work done by the educational psychologists (1 full , 1 part-time) in the schools. In addition 73 new children were seen for the child guidance clinic and 229 school and home visits were paid. One adolescent boy was coached in reading.

As well as regularly retesting the Woodeaton children, visits have been paid to the special classes at Witney Secondary Modern, Abbey Dorchester, Grimsbury Secondary Modern (mornings only since January 1962), and Bicester CE School.

Following an article in the Oxford Times, "On Other People's Jobs", which described the work of an educational psychologist, a number of enquiries were received from parents who were concerned about their children's educational difficulties. It

was pleasant to be able to tell a parent who said how much more help was given to backward readers in Denmark, that this County had provided special help since 1953.

Non-clinic cases: sources of referrals	Physically handicapped	Difficult behaviour	Reading and slow progress	General backwardness	IQ, school placement, vocational guidance	Personality difficulties	IQ, psychological reports	Speech difficulties	Delinquency	TOTALS
Headteachers	5	10	75	156	25	15	92	4		382
Advisory and remedial teachers			3			2	11			16
Director of Education							1			1
School MO										
Health visitors										
Speech therapist	4	2	1	3	4	2	28			44
Educational psychologists			2				8			10
Hospitals and private doctors	1		1				3			5
Parents and guardians			4	2	1		2			9
Other agencies					3					3
School social workers		3		1			2			6
Children's officer		1	1	1	3	1	16			23
CGC for retest							28			28
Referred by courts to remand home									129	129
TOTALS	10	16	87	163	36	20	191	4	129	656

Non-clinical: Age range 3 -16 years IQ range 45 - 132
Clinic: 4½ -16 years 60-130
Court: 9-16½ years 54-131

Number of cases under active management at 1.1.62 210
New cases referred during 1962 92
New cases opened during 1962 86
Number of cases on waiting list at 1.1.62 12
Number of cases on waiting list at 31.12.62 13
Referrals withdrawn before being seen at clinic 11

New cases

Clinic cases 86
Sex of clinic cases: boys 53 girls 33
Geographical origin (breakdown of new cases as to clinics)
Oxford Banbury Witney Henley Bicester Total
47 12 6 7 14 86
Number of cases closed during 1962 51
Reasons for closure (see table)
Number of diagnostic and therapeutic "sessions" held by clinic staff:
Psychiatrists 476 Educational psychologists 73
Psychiatric social worker 1166 Play therapist 76

Number of cases under active management at 31.12.62	239
Seen by psychiatrist and psychiatric social worker	15
Seen by play therapist and psychiatric social worker	11
Placed in schools and hostels for maladjusted	6
Seen by educational psychologist	-
Seen by psychiatrist and educational psychologist	26
Seen by psychiatrist, educational psychologist and psychiatric social worker	170
Seen by educational psychologist and psychiatric social worker	4
Seen by psychiatrist	6
Seen by psychiatric social worker	1

<u>Sources of referral 1962</u>		<u>Reason for closure</u>	
Head teacher	22	Improved	15
School doctor	6	Unco-operative	23
Family doctor	16	Left district	9
Parents	12	Transferred to other agency	2
Health visitor	-	Advice only	2
Children's Officer	10		
School welfare officers	4		
Others	<u>16</u>		
	86		

Age range of clinic cases

2-3 years	1	11-12 years	11
3-4 years	-	12-13 years	8
4-5 years	-	13-14 years	10
5-6 years	5	14-15 years	7
6-7 years	7	15-16 years	2
7-8 years	8	16-17 years	-
8-9 years	8	17-18 years	-
9-10 years	9		
10-11 years	9		

IQ range of clinic cases

40-54	-	110-114	2
55-59	-	115-119	1
60-64	1	120-124	5
65-69	-	125-129	-
70-74	2	130-134	-
75-79	2	135-139	1
80-84	9	140-144	-
85-89	6	145-149	-
90-94	11	150-154	-
95-99	18	155-159	-
100-104	8	160-164	1
105-109	5		

ENURESIS (bed wetting)

There are 26 enurex machines on loan by the County Council, 20 to general practitioners, 3 to the child guidance department and 3 to the City enuresis clinic.

In 1962, 23 cases were reported by general practitioners. Thirteen were treated successfully; in three cases the patients improved, but relapsed after initial treatment; in seven cases the treatment was unsuccessful.

DENTAL SERVICE

Mr J. Rodgers, Principal School Dental Officer, reports as follows:

The great majority of children in the County suffer from dental decay, but in reviewing the events of the year 1962 a certain degree of satisfaction is permissible. One is entitled to view the future with restrained optimism.

As the year closed, the third mobile dental clinic came into operation, bringing another area of the County within reach of first class equipment. Modernisation of equipment continued at all clinics and is nearing completion. This has had a rejuvenating effect on the dental service. When surgery conditions are good more children accept the County's offer of treatment. Due to this factor the speed at which dental officers progress around their areas is virtually unchanged.

More treatment was carried out for the children in the County than ever before. The number of permanent teeth which had to be extracted has increased, but this may well be due to requests for treatment from the less dentally minded.

A greater number of orthodontic cases were treated at Witney Clinic than in the previous year, and it is to be hoped that this service will be made available to children in other areas in the future.

Health education, designed to lessen the incidence of dental decay by enlightening the public, was carried out within the County and as the year ended preparations were under way for a Dental Health Week in the Witney area.

The Minister of Health's announcement of government support for fluoridation was the most important event of the year under review, and will undoubtedly mean better health for future generations of children. A survey initiated as the year closed within the County comparing the dental state of schoolchildren at Bletchingdon (fluoride content in water 1.4 parts per million) with those in the neighbouring village of Tackley (fluoride content in water 0.16 parts per million) confirmed the national and world wide findings on fluoridation. The schoolchildren at Bletchingdon had superior dental health as the following table shows.

Village	No. of children examined	Teeth decayed, missing or filled rate per child	
		Deciduous	Permanent
Bletchingdon	32	3.2	2.3
Tackley	55	8.7	4.9

I would like to thank the staffs of our schools for their co-operation and the Board of Governors of the United Oxford Hospitals for the generous services of their consultant orthodontist, Mr J.W. Softley.

Dental inspection and treatment carried out by the Authority

1. Number of pupils inspected by the Authority's Dental Officers	
(a) At periodic inspections	19443
(b) At specials	210
	<hr/>
	19653
2. Number found to require treatment	13127
3. Number offered treatment	11998
4. Number actually treated	5721
5. Number of attendances made by pupils for treatment	10652
6. Half days devoted to:	
Periodic (school) inspection	398
Treatment	1588
	<hr/>
	1986
7. Fillings: Permanent teeth	12055
Temporary teeth	1420
	<hr/>
	13475

Dental inspection and treatment (continued)

8. Number of teeth filled: Permanent teeth	10071
Temporary teeth	<u>1350</u>
Total (8)	11421
9. Extractions: Permanent teeth	1197
Temporary teeth	<u>3119</u>
Total (9)	4316
10. Administration of general anaesthetics for extraction	265
11. Orthodontics: (a) Cases commenced during the year	45
(b) Cases carried forward from previous year	12
(c) Cases completed during the year	22
(d) Cases discontinued during the year	5
(e) Pupils treated with appliances	20
(f) Removable appliances fitted	20
(g) Fixed appliances fitted	-
(h) Total attendances	209
12. Number of pupils supplied with artificial dentures	38
13. Other operations: Permanent teeth	992
Temporary teeth	<u>1174</u>
Total (13)	2166

PHYSIOTHERAPY CLINICS

Steady progress has been maintained by the School Physiotherapy Service throughout 1962. The number of children referred for treatment was less than in 1961, but higher than in any other previous year. Although fewer children were referred for defects of feet and knees, more children were recommended for treatment for postural defects.

Miss Munns and Miss Tudor Evans visited University College Hospital, London, in June and spent a very interesting and profitable day with Miss Turner, FCSP, who with Dr Burt has done research work on faulty posture. Although most of Miss Turner's work is with adults who are suffering pain due to their faulty posture, much of the work had a direct bearing on the work done with children and adolescents in schools. The school physiotherapists have felt for some time that older children needed to understand the fundamental principles of good posture, and to know how to regain and maintain a good, balanced postural position. It is felt that, with adolescents, the emphasis should be on this re-education, rather than on the mechanical performance of exercises - although the regular use of some special exercises is still thought to be beneficial.

Miss Munns also visited Chelsea College of Physical Education to see the work being done there on postural faults, and later in the summer term she visited Hinwick Hall, a residential school for badly physically handicapped boys.

Talks on care of the feet, illustrated with film strips, were given in some secondary schools again this year, and considerable interest was shown by the girls.

The usual lectures on the treatment of asthma, posture and foot conditions were given to the student health visitors and interesting discussions arose afterwards.

The physiotherapists have found the co-operation of the health visitors invaluable, and wish to thank them for all the help they have given.

Summary of defects

Total number of defects treated	1903
Postural faults	511
Defects of feet and knees	1206
Respiratory conditions	168
Special difficulties	18
Number of parents attending clinics	385
Treatment refused	10
Children withdrawn	2
Number of children discharged	450

SCHOOL SWIMMING BATHS

There are now thirteen learner type swimming baths attached to schools and children's homes; three new baths came into use during the year.

In the larger new baths equipment has been provided which enables continuous circulation with filtration and chlorination of the water. This has become possible by the development of relatively inexpensive treatment plants. The bath waters of the two schools using such equipment have given excellent bacteriological results, besides maintaining good clarity.

The weather for much of the summer term was not ideal for swimming, and the baths probably were not used as extensively as they might have been if the weather had been warmer. Therefore full judgment of such treatment plants must be reserved, although the experience gained so far is encouraging.

The majority of the baths are of the "fill and empty" type with chlorination of the water by hand dosing. These baths, while not as efficient as those which are purified by mechanical means, do give good bacteriological results when carefully maintained and supervised.